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A COMPARISON OF THE EFFECTS OF A PSYCHOSOCIAL EDUCATION
CURRICULUM ON SUBSTANCE KNOWLEDGE, ATTITUDE, EXPERIENCE
AND SELF-ESTEEM OF HIGH SCHOOL FRESHMEN

A Dissertation Presented

By

JACQUELINE JEAN CARL

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

DOCTOR OF EDUCATION

May 1983

Education



Jacqueline Jean Carl

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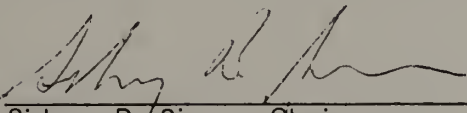
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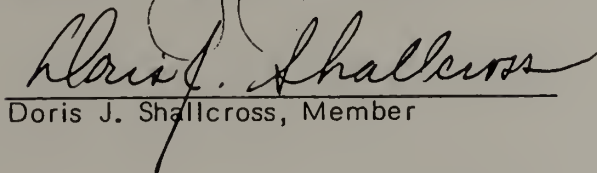
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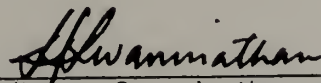
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ACKNOWLEDGMENTS

The pursuit of a doctoral program and the completion of a dissertation at any age (mine is 53) is a Herculean task. Not only does it involve innumerable acts of kindness, sacrifice and love on the part of many people, it is also a walk of faith: faith in one's self, in one's friends and family, the dissertation committee, the university, and for me, my God.

It is impossible to acknowledge all who deserve recognition, yet, I choose to express my appreciation for each member of my committee, who gave advice and encouragement throughout this endeavor. I cherish, respect, and am grateful to Sidney Simon, Bailey Jackson and Doris Shallcross, who were my friends as well as my mentors.

In addition, I am indebted to:

1. my five sisters: Virginia Sproul, Beryl Armentrout, Dorothy Springer, Wilma Roberts and Joan Kaufman, for their love, support and encouragement as I began "another project." Each in her unique way has contributed to the person I am today, and to the person I am becoming.
2. my beautiful Indiana friends: Dr. Joanne Lantz, for personal encouragement and help with regard to the statistical aspects of the study; Virginia Lehman and Joy Gerig who provided support in a variety of creative ways; Don Phillips, who challenged me with his "unorthodox" ideas and enthusiasm.
3. the Delta Kappa Gamma Society International and Alpha Epsilon State (Indiana) for assistance through scholarships. The completion of my

doctoral program would not have been possible without aid from this very special professional society.

4. Molly Hastings, coordinator of library systems for the Pyramid Project (Lafayette, California): A National Institute on Drug Abuse Prevention Program, who was instrumental in retrieving pertinent studies and research for my study.
5. Harvey L. Mitchell, my Spanish professor, who greatly influenced my life as a young undergraduate student. It was Professor Mitchell who first introduced to me the concept of the "congruent person;" he lived it.
6. my God, who ministered to my weary and discouraged spirit when I needed it most.

J.J.C.

ABSTRACT

A COMPARISON OF THE EFFECTS OF A PSYCHOSOCIAL EDUCATION CURRICULUM ON SUBSTANCE KNOWLEDGE, ATTITUDE, EXPERIENCE AND SELF-ESTEEM OF HIGH SCHOOL FRESHMEN

May 1983

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Directed by: Dr. Sidney B. Simon

This study compared the effects of the Moving Through Adolescence With Confidence Curriculum (MTAWC), an affective, nonthreatening, psychosocial approach to substance abuse education, on substance knowledge, attitude, experience and self-esteem of individuals in their freshman year of high school. The psychosocial approach to substance abuse prevention has been recommended by leading experts in the field of primary prevention.

Seventy-eight subjects from a small, northeastern Indiana high school were nonrandomly assigned to two treatment groups and one control group. All subjects were members of three intact health classes. The researcher instructed each treatment group in the MTAWC Curriculum 55 minutes per day for twenty-five days. The curricular sessions of each treatment group were identical, with the following exception: one treatment group received drug information during five sessions of the study. MTAWC emphasized caring, communication and listening skills, decision making skills, goal setting and stress reduction techniques.

The review of related literature of the study covered the following main topics: a review of exemplary psychosocial substance prevention programs; a review of methodological problems and procedures used in evaluating prevention programs; and, a review of correlate self-esteem studies related to substance use.

Since the study took place in a naturalistic setting, in which the randomization of subjects was not practical, a quasi-experimental, nonequivalent control group design was utilized. Data were collected with regard to drug knowledge, attitude toward substances, experience of substances (use of marijuana, alcohol and cigarettes). The data obtained from the three groups were analyzed, when appropriate, by utilizing the student's t-test and chi square. Pretest and posttest mean scores for the two treatment groups and the control group were compared using the t-test; the chi square was employed to compare frequency of substance use across groups.

Results were mixed. Generally the analyzed data reported no significant differences between the treatment groups and the control group with regard to substance experience, attitudes and self-esteem. A significant difference ($p < .05$) occurred with regard to drug knowledge in one treatment group. Also at follow-up, a difference ($p < .05$) was reported with regard to alcohol use in one treatment group.

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CHAPTER I

INTRODUCTION

Background

Using drugs, hard or soft, prescribed or patent, coffee, alcohol, tobacco, is a multi-billion dollar legal and illegal business in the United States. Our Nation is a pill popping society seeking instant answers, instant relief from every pain, real or construed. Americans learn at a very early age that drugs are part of the vast array of technological and pharmacological wonders that "make life a bit easier."

Powerful messages and forces in our society, certainly the advertising industry, teach us to turn to drugs as a solution for solving problems and relieving pressure. It is estimated that by the age of 18, the average American has seen over 180,000 television commercials which deliver the message that life can be better -- if. Drug taking has become a "way of life," a lifestyle that is more relevant to students in 1982 than their required school courses.

One cannot pick up the evening paper without reading an account about substance use. Drug raids by local, state, and federal narcotic agents are front page copy. We dare not avoid the issue! The drug dilemma with its ensuing sociological and psychological effects, especially among young people, is America's number one health challenge.

According to The National Institute on Drug Abuse (NIDA, 1981) drug

abuse costs the United States 120 billion dollars a year, and that it is the second leading health problem for youth; second only to venereal disease. The alcohol and drug problem is so alarming in our Nation, that in May of 1982 the Senate Labor and Human Resources Committee authorized the spending of \$79.2 million in 1983 on research with regard to alcoholism and drug abuse. Solutions to this problem must be developed in many different settings. Surely, the family and the home are logical starting points; community organizations are important; similarly, so are schools.

NIDA (1982) stated the following:

Schools are a setting in which young people's values and behavior may be positively influenced in a number of ways. Teachers can be effective role models and facilitators of healthy development and growth. The school is also an ideal place in which to channel peer pressure toward positive, constructive norms. Any strategy to prevent the use and abuse of drugs must include schools. (p. 1)

One small contribution to the drug prevention field was made in 1978 when the curriculum, Caring-Communicating-Coping, later renamed Moving Through Adolescence With Confidence, was designed for delivery to ninth grade students. As a viable unit of the freshmen health course, this curriculum has been taught at East Noble High School, Kendallville, Indiana, since 1978.

This study is a systematic evaluation of the effectiveness of selected portions of the Moving Through Adolescence With Confidence Curriculum.

Statement of the Problem

The Moving Through Adolescence With Confidence Curriculum seeks to deliver to young adolescents affective learning experiences, e.g., decision making skills, communication skills, listening skills, goal setting skills, and

positive regard for self, which hopefully will assist them to resist the misuse of drugs, alcohol and tobacco.

Specifically the study seeks to discover if the curriculum effects substance knowledge, attitude, experience, and self-esteem of ninth grade students.

Magnitude of the Drug Abuse Problem

Richards and Blevens (1977) stated the broad definition of drug abuse as an addictive behavior characterized by physical or psychological dependence on one or more psychoactive chemicals. Wesson, Carlin, Adams, and Beschner (1978) noted in their study that drugs of abuse vary from heroin to more widely used substances such as marijuana and alcohol. Correlates of individual abuse of drugs have been noted as personality disorders, family disorganization, economic vulnerability and oppressive social conditions (Austin, Macari, Sutker, & Lettieri, 1977; Austin, Johnson, Carroll, & Lettieri, 1977; Ferguson, Lennox, & Lettieri, 1975; Lettieri, 1975).

According to NIDA (1981) the extent of use of specific drugs are varied (drug use defined by a National Survey on Drug Abuse as use within the last month) as noted below:

- * 22 million Americans use marijuana
- * 4.3 million use cocaine
- * 1.9 million use hallucinogens
- * 1.9 million misuse stimulants
- * 1.2 million misuse tranquilizers
- * 1.4 million use inhalants

- * 1.6 million use sedatives
- * 107.4 million use alcohol
- * 61.3 million use cigarettes

In addition NIDA (1981) estimated that less than .5 percent of the population currently use heroin, while 2.4 million have used heroin at least once in their lifetime.

The problem of drug abuse not only dramatically effected individual lives, but also generated extensive costs to society. The Department of Health, Education and Welfare (1980) estimated drug abuse costs associated with the criminal justice system, medical care and lost productivity as ten billion dollars.

Given the extent of the drug problem and the accelerated rate of inflation since 1975, these cost estimates are conservative in today's economy. A more recent estimate (U.S. Journal, 1981) reported the cost of drug abuse to society today in terms of health, law enforcement and lost productivity to be over 65 billion dollars annually.

Porter, in the Daily Hampshire Gazette, (1982) reported drug abuse costs at least 120 billion dollars a year. Dr. William Pollin, Director of the National Institute on Drug Abuse, believes estimates of drug abuse costs are conservative. As quoted by Porter, Dr. Pollin stated, "For just as you cannot measure the cost to society of drug abuse in terms of damaged or lost lives and expectations, so you cannot measure it in terms of dollars either. The very nature of the subject, ranging from the shameful to the illicit to the criminal, tends to prevent the accumulation of 'hard' data." (p. 12)

Relevant to adolescent drug use, the most recent national drug research data available for high school seniors (Johnston, Bachman, & O'Malley, 1981)

showed that nearly 65% of all seniors reported having used an illicit drug at least once in their lifetime with marijuana being the most frequently used illicit drug. In 1980, Johnston et al., reported that 60.3% of the respondents (N=15,900) used marijuana sometime in their lives; 48.8% used it in the past year; 33.7% used it in the past month; and 91.1% used it on a daily basis. Stimulants, the second most widely used class of illicit drugs, was reported by 26.4% of the seniors (lifetime use).

Analysis of trend data (Johnston et al., 1981) cited several relevant shifts in drug use behavior. For example, the substantial increase in marijuana use that characterized the period of 1975-1979 appeared to have peaked; and in 1980 the survey findings indicated a decrease in the annual and daily use of marijuana by adolescents. In 1980 annual use decreased from 50.8% in 1979 to 48.4% in 1980, while daily use dropped from 10.3% in 1979 to 9.1% in 1980. Largely due to the increase in cocaine and stimulant use, illicit drug use other than marijuana increased from 26% in 1975, to 30% in 1980.

In comparison, the daily use of alcohol remained stable over the last five years with 5.7% of the 1975 survey respondents reporting daily use of alcohol. A peak of 6.7% was reached in 1979; respondents in the class of 1980 reported 6.0% daily alcohol use. In effect, marijuana continued to be the most frequently reported drug used by adolescents except for cigarettes which was reported at 21.3%.

The daily use of cigarettes, however, appeared to be headed downward. In 1975, 26.9% of survey respondents reported daily use of cigarettes, whereas, in 1980 daily use of cigarettes had dropped to 21.3% (from 25.4% in 1979 and 27.8% in 1978).

Cocaine, on the negative side, dramatically increased in popularity since

1975. Annual use by adolescents rose from 5.6% in 1975 to 12.3% in 1980, while use of stimulants increased from 16.2% to 20.8%.

Trends from the 1980 survey indicated that while cocaine use peaked, stimulant use continued on a gradual upswing. Amphetamines and over the counter diet and pep pills also sharply increased.

An overwhelming two thirds of the class of 1981 (NIDA, 1981) admitted to some drug use; a conservative yet tragically high figure, higher than that of any other developed country in the Western world.

As evidenced by these statistics, drug use is a serious national problem with correlate health and social consequences. In view of the negative health implications and the extent of the problem, particularly among adolescents, it is imperative that continued vigilance be given to seeking more viable solutions.

Vigorous and significant efforts are needed to identify effective prevention strategies and approaches that can be appropriately used by families, schools and communities. Advances have been made since the peak of the drug abuse problem was reported in the late sixties and early seventies. This study reports the findings of a psychosocial education model aimed at drug abuse prevention.

Prevention Modalities

Theoretically the underpinnings of drug abuse prevention have been diverse and eclectic in that preventive approaches were designed based upon the knowledge of the etiology of drug abuse and the clinical judgment of prevention program practitioners. Though the pace of theory development has progressed slowly and unsystematically over the last five years, the knowledge

base of prevention has increased (Bukoski, 1981).

What is the fundamental objective of drug abuse prevention as it relates to youth? Experts such as William Bukoski, Deputy Chief, Prevention Branch, National Institute on Drug Abuse, asserts that the salient issue in reference to youth, is to assist them to develop and mature into healthy, productive members of American society.

It follows then, that prevention should revolve around the process of "enablement;" which is to say, that prevention professionals, lay-persons, concerned family and friends, help young people create more positive attitudes, values, behaviors, skills and lifestyles that will "enable" them to mature into happy and productive citizens who need not resort to the use of drugs.

What types of prevention modalities are operational on a national level? Currently the concept of drug education at the National Institute on Drug Abuse has expanded beyond programs that provide youth information or advice concerning drug use, as these programs proved to be ineffective (de Lone, 1972; Goodstadt, 1974; Stuart, 1972).

As noted in Figure 1, NIDA recommends a prevention framework which is operationally defined along a continuum of health care programs. These prevention modalities are: (1) information, (2) education, (3) alternative, and (4) intervention; they are briefly discussed below.

Information. The distribution of accurate and objective information about all types of drugs and their effects on the human system characterizes the information modality. To be effective this modality must accurately and articulately report recent research findings to target audiences, e.g., media campaigns, brochures, posters, seminars for youth, parents, general public, etc.

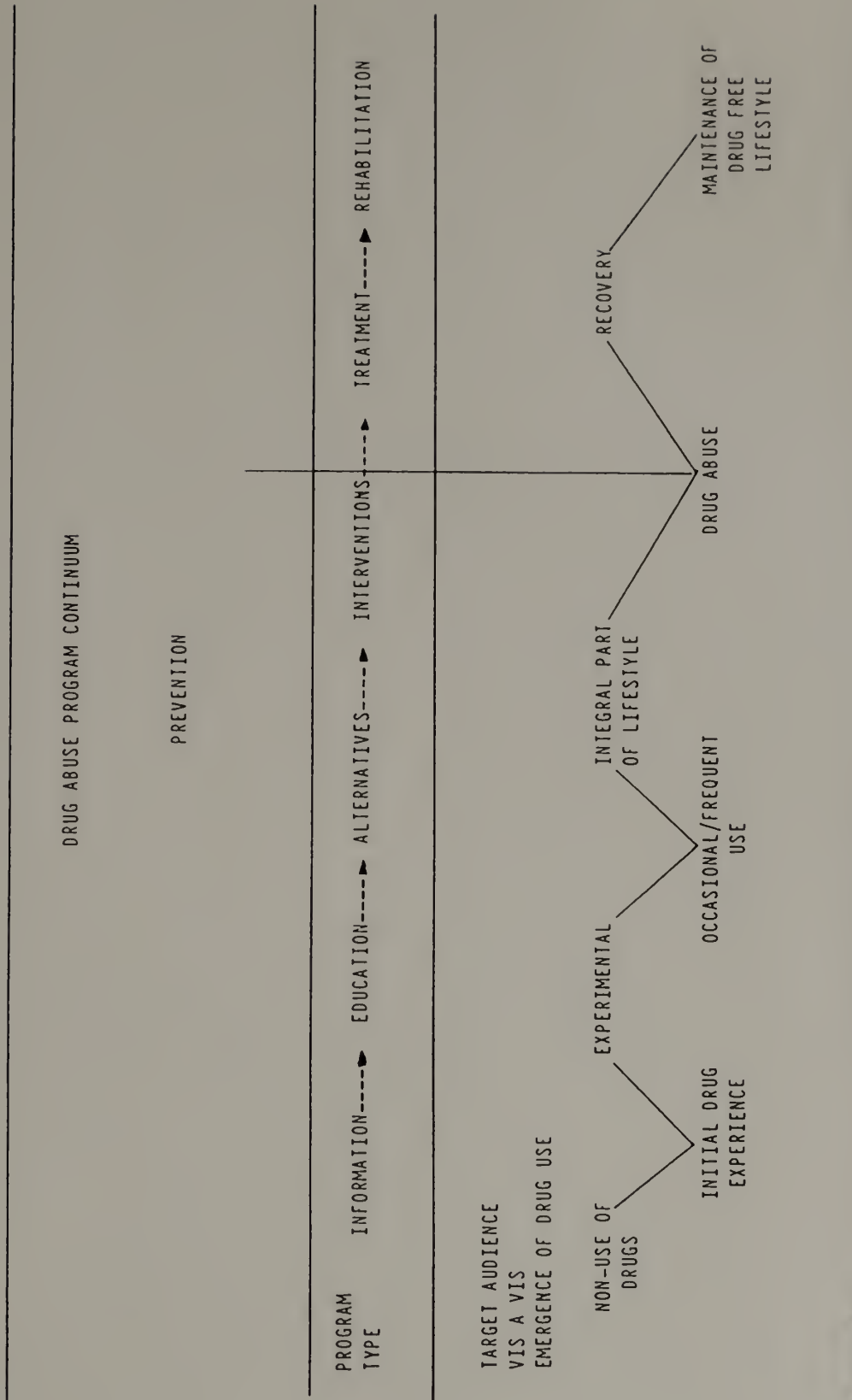


Figure 1. Drug Prevention Modalities (NIDA, 1981)

Education. Public schools in America host the setting for this modality.

Structured learning strategies that assist individuals develop their affective skills are employed in this modality. Included in the prevention curricula are such learning activities as: decision making skill development, assertiveness training to say "no" to drug use, coping with stress, value awareness, problem solving, interpersonal communication and intrinsic motivation. In addition, career awareness and career planning are concomitant facets of drug education.

A popular innovation in many schools has been the integration of substance abuse prevention units within health education curricula, or within related subject areas, i.e., social studies or science in which the discussion of drug effects on human behavior and human physiology is appropriate.

Alternatives. Challenging community experiences through which young people can develop increased levels of confidence, independence, self-reliance and optimistic feelings about themselves, dominate this modality. A potpourri of community improvement activities offer young people positive alternatives to drug taking; the Gloucester Experience of Massachusetts, and Operation Snowball of Illinois are examples of alternative strategies that have been successful.

Interventions. Giving support and assistance to young people during critical periods of their life characterizes the intervention modality. Professional counseling, hotlines, and "rap" sessions are examples of intervention techniques. Recently peer counseling, peer tutoring and cross-age tutoring, i.e., older child to younger child, have been introduced as successful intervention techniques.

Though each prevention modality in and of itself can be an effective tool in the prevention of drug abuse, a recent review (Schaps, DiBartolo, Moskowitz, Palley, & Churgin, 1981) of prevention evaluation research studies suggests that a comprehensive prevention approach that utilizes more than one

modality is more effective than a single mode program in changing the factors that may lead to drug use and abuse of substances. Bukowski (1981) also recommends that prevention programs include more than one modality of prevention.

Today, the concept of drug prevention programming goes well beyond the narrow confines of a single modality, such as drug education which in the past functioned primarily as a disseminator of information. Clearly, movement from a single to a multi-modality prevention approach fully recognized the developmental needs of youth. The need to share personal experiences and active involvement in community valued projects are just two examples of developmental activities which help to build new skills, strengthen personal confidence and authenticate the role of youth as active and productive members of the community in which they live.

Problem Significance

Exploring the effects of a psychosocial curriculum as a substance prevention strategy is significant for at least four reasons: (1) it provides evaluative data on psychological education as a preventive approach to substance abuse; (2) because of the paucity of formal research and evaluation in the field of primary prevention; (3) because of the ineffectiveness of many drug education programs; and, (4) it contributes to the literature additional evaluative data which will be beneficial for prevention curricular designers and researchers.

Helen Nowlis, former director of Drug and Alcohol Education Programs for the United States Office of Education, advocates psychosocial curricula

for drug prevention (Nowlis, 1975). Psychosocial curricula emphasized the role of the individual and prevention strategies growing out of this approach reflect this focus. Suggesting that attention be given to the personal and social needs of the individual, strategies from psychosocial curricula seek to help individuals assess themselves and make decisions about their behavior. Coupled with psychological education and substance information, the psychosocial approach to drug prevention advocates discussion and analysis of values and behavior, decision making, and problem solving in an attempt to help individuals meet their personal and social needs.

As evidenced by studies of Dohner, 1972; Gordon, 1972; NIDA, 1977; Norem-Hebeisen and Lucas, 1977; Webb, Egger and Reynolds, 1978; psychosocial curricula approaches are recommended as prevention approaches. Findings from evaluation studies and psychological theory support their position. During the early 1970's evaluation studies reported: (1) informational curricula frequently changed students' knowledge about drugs; (2) drug attitudes and drug use behavior did not change; and, (3) informational curricula often had a counter-productive effect of provoking and increasing drug use (de Lone, 1972; Goodstadt, 1974; Stuart, 1974; Swisher & Crawford, 1971; Tennant, Weaver & Lewis, 1973). Because of these disparaging findings the Federal Government in April of 1973 declared a moratorium on the production and dissemination of drug information.

As previously mentioned, federal programs and policies in the 1960's and early 1970's relied on informational strategies to stem the tide of substance abuse. Seeing the need for more humane measures, drug education theorists recommended a more personal, individual focus (psychosocial approach); thus, in February of 1974 the moratorium was lifted. New Federal

guidelines (NIDA, 1977) emerged accentuating the complexity of the problem, the inconsistency of societal norms about the use of drugs, the variables related to drug effects, positive role models for youth and alternatives to drug use.

The work of Nowlis (1975) supports the notion that people use or abuse drugs in order to meet some need in their lives. She stated: "People take drugs because they want to, that drug use serves some function, gives them some satisfaction in some area of their lives." (p. 55)

Findings from numerous research studies corroborate the Nowlis theory as the following correlates of substance abuse report: low sense of psychological well being (Smith & Fogg, 1975); low self-esteem (Norem-Hebeisen & Martin, Note 1); dislike of school (Ahlgren, Garvin, Hochhauser, & Norem-Hebeisen, Note 2); dropping out of school (Bachman, O'Malley & Johnston, 1978); running away from home (Brennan, 1980); poor relationship with parents (Clarke & Levine, 1971; Cooper, Olson & Fournier, 1977; Blum, 1972); alienation and search for meaning, disillusionment and rebellion (Braucht, Brakarsh, Follingstad & Berry, 1973); peer and parental use of drugs (Kandel, 1973); depression, despair, hopelessness, low expectation of success, low feelings of acceptance (Braucht et al., 1973; Mellinger, Somers & Manheimer, 1975); low academic aspirations (Bachman et al., 1978; Jessor & Jessor, 1978); poor school achievement and behavior (Smith & Fogg, 1975); inconsistency between one's own and one's parents opinions about drugs (Jessor & Jessor, 1977); high life stress scores (Duncan, 1977).

The foregoing studies are not conclusive as limitations were reported in methodology; yet, these findings can be regarded as drug abuse indicators. They can further be viewed as studies of significance which give credence and

respectability to psychosocial curricula.

Does psychosocial strategies prevent substance abuse? Do they enhance the personal, psychological, and social development of students? Many of these queries remain unanswered as evaluation research has been limited regarding the specificity of psychosocial curricula and substance abuse (Goodstadt, 1981).

Therefore, the broad significance of this study is that it evaluates a psychosocial curriculum and contributes to the body of knowledge researching the effectiveness of such a prevention approach.

Not only has limited research been conducted to evaluate psychosocial education curricula, but perusal of the literature regarding the effectiveness of drug education in general does not bring much satisfaction. Few significant empirical impact studies concerning the effectiveness of primary prevention programs have been documented. There is little scientific evidence available to assess the effectiveness of drug education in general (U.S. National Commission on Marihuana and Drug Abuse, 1973; Braucht et al., 1973; Goodstadt, 1974; Blum, 1976). Few evaluative research studies have been undertaken; most of which have been scientifically unsound.

Specifically in reference to alcohol education, Goodstadt (1981) stated: "There are very, very few reports of researched alcohol education programs, even if the most primitive forms of evaluation are included. Available research reports are of little assistance, in addition, because of inadequacies in either research design and/or analysis. This research, therefore, helps little in determining the most effective approaches to program development and implementation." (p. 7)

Perhaps the most intensive review (Schaps et al., 1981) of prevention pro-

grams and strategies was conducted by the Pacific Institute for Research and Evaluation. One hundred twenty-seven primary drug prevention programs were studied covering nearly all the available reports written between 1968 and 1977. Of the 127 evaluations, only ten studies were rated exemplary, i.e., studies with intensive programming and a fairly high quality of evaluation. Ten different studies showed positive drug specific outcomes, but research methodology was extremely poor.

Schaps et al. (1981) supported Goodstadt's assessment (1981) in that the quality of evaluative data in primary prevention is far from adequate in guiding policy formulation, program development and implementation. Most of the available data came from studies which were poorly designed or conducted, i.e., no control groups, small or biased samples, questionable instruments.

This study by employing an evaluation design of both pre and post treatment measures, with a control group as similar as availability permitted, will add to the body of knowledge with regard to the evaluation process of drug education programs.

Hypotheses of the Study

This study seeks to discover if a psychosocial education curriculum with multiple learning strategies is effective in helping individuals cope with issues that effect their personal, psychological and social behavior, thus, helping individuals to make wiser decisions with regard to substance use.

The study hypothesizes that differences will be seen in substance knowledge, attitude, experience and self-esteem of those individuals who experience the Moving Through Adolescence With Confidence Curriculum and those who do

not experience the curriculum.

Specifically the following hypotheses will be tested:

1. Individuals, ages 14–16, from selected classrooms at Northern Indiana High who experience MTAWC would increase their measured drug knowledge more than a comparable group of individuals who do not experience MTAWC.
2. Individuals, ages 14–16, from selected classrooms at Northern Indiana High who experience MTAWC would have a more measured negative attitude toward drug substances than a comparable group of individuals who do not experience MTAWC.
3. Individuals, ages 14–16, from selected classrooms at Northern Indiana High who participate in MTAWC would report less measured use of marijuana, alcohol and cigarettes, than a comparable group of individuals who do not participate in MTAWC.
4. Individuals, ages 14–16, from selected classrooms at Northern Indiana High who participate in MTAWC would increase their measured self-esteem more than a comparable group of individuals who do not participate in MTAWC.

Definition of Terms

In order to provide understanding of the meaning of the terms used in this study, the following definitions are offered:

Substance. The term substance used in this study pertains to all licit and illicit drugs, e.g., tobacco, alcohol (beer, wine, liquor), and drugs such as marijuana, barbiturates, PCP, amphetamines.

Substance abuse. Substance abuse as described in much of the literature is any illicit use of drugs, alcohol and tobacco. In this study substance abuse is defined as the physically and psychologically self-destructive use of any substance capable of altering behavior, sensation, and perception including but not limited to tobacco, alcohol and marijuana. The phrase drug abuse, often used synonymously in the literature with substance abuse, in this study will be used as an equivalent for substance abuse.

Prevention. Smith, Loomis, Linda, Jacobs-White, Bricker, and Singleton (1973) defined prevention as follows: (1) primary prevention, prevention of drug abuse in a previously uninvolved population; (2) secondary prevention, prevention of the progression of drug abuse in an involved population which does not as yet have residual disability from its drug usage; (3) tertiary prevention, rehabilitation of the drug abusing population which has significant residual disability as a consequence of its drug involvement. Prevention in this study will refer to primary prevention only.

Psychological education. Psychological Education refers to any learning opportunity designed deliberately to help persons explore their personal knowledge, i.e., the conscious experience of their thoughts, feelings, and actions in relationship to self and others, in order to foster psychological development as described in terms of humanistic psychology, Maslow, Rogers, Perls, etc. Psychological Education has been called: affective, humanistic and confluent education.

Experiential learning activities. Experiential learning activities are structured tasks and strategies specifically designed for self learning. Learning through the experience of a task or strategy enables students to be confronted not

only with their own self learning and internal feelings, but with the insight of peers and instructors.

Affective skill building strategies. Systematic efforts to improve affective skills presumed to be related to drug use, e.g., communication skills, decision making skills, values clarification, listening skills, human relation skills, self assertion skills, small group interaction and stress reduction techniques.

Curriculum. Organized in logical sequences and including educational goals and objectives, a curriculum is a written design for teaching the learning process.

Moving through adolescence with confidence curriculum. In this study the Moving Through Adolescence With Confidence Curriculum (MTAWC) will be tested. The curriculum is organized into three sections, each using a psychosocial approach (Psychological Education) and Values Clarification Theory as a base: (1) caring, the initial section, is designed to establish a positive, trustful, group atmosphere, i.e., learning to trust self and others, so that section two and three can become more meaningful; (2) communicating, section two, presents various communication styles, plus the skill of active listening; (3) coping, section three, presents living/survival skills, e.g., goal setting, decision making, stress management, dealing with divorce and death, etc. which offer self-constructive alternatives to life issues.

Strategies presented in the curriculum enable individuals to develop a more positive view of self, thus assisting them in seeing self as being more capable. Affirmation and validation is an integral part of the curriculum. The activities, tasks, discussions, assignments, in the curriculum are specifically designed for early adolescents who think and process at elemental and situational levels. Most of the activities center around specific situations which encourage stu-

dents to name their thoughts, feelings and actions in order to make causal connections between various elements related to the situation and to their own internal response. A copy of MTAWC is found in Appendix A.

Self-esteem. According to Maslow (Moustakas, 1974) self-esteem is established through the respect and approval from others, actual achievement and success, and the acceptance of and acting upon one's inner nature. Rogers (1961) viewed self-esteem from others and from self as an important part of the healthy person; whereas, Coopersmith (1967) defined self-esteem as "the evaluation which the individual makes and customarily maintains with regard to himself; it expresses an attitude of approval or disapproval and indicates the extent to which the individual believes himself capable, significant, successful and worthy" (p. 4-5). This study embraces these definitions.

Primary prevention of substance abuse. Primary prevention, a relatively recent term, denotes methods used before the onset of substance abuse as contrasted with the more traditional prevention concept which encompasses treatment, rehabilitation, and law enforcement. Primary prevention (NIDA, 1977) is concerned with the amelioration of societal, environmental, familial, and other causes of drug-related problems. It is a constructive process designed to promote personal and social growth of the individual toward full human potential and to inhibit the physical, mental, emotional, or social impairment resulting from the use of chemical substances. In this study prevention efforts are directed toward non-users, experimenters, the social and recreational users.

Age categories. Although primary substance abuse prevention efforts are directed to age groups five through twenty-five, the target population for this study includes individuals ages fourteen to sixteen.

At risk students. "At risk" students are individuals who are experimenting with drugs, alcohol and tobacco; sneaking a quick drink or a few "puffs" of a cigarette or marijuana in one's backyard for the sake of curiosity. A more refined definition of the "at risk" individual comes from the Subcommittee on Prevention (U.S. Department of Health, Education, and Welfare, 1977):

The population at risk is essentially that group of individuals not yet using drugs or those who are experimenting or just beginning sustained drug use. We recognize that some people do not use drugs and need no special reinforcing behavior. At the other extreme are those who are frequent users of drugs and are unlikely to respond to prevention initiatives and should be referred to appropriate treatment services. In between is a large group of individuals who are susceptible to new and increased drug use. This is our primary target population. (p. 360)

This study following the rationale of DHEW is directed to those individuals who are infrequent, irregular, or curiosity-oriented substance experimenters.

Limitations

The notable limitations of this study are:

1. Because this was a naturalistic study, identifiable variables intervened despite efforts in careful control. Illness resulted in brief absences by some of the subjects, and the cancelation of school due to weather conditions interrupted the sequence of treatment sessions. Attempts have been made in the treatment of the data to ameliorate the effects of these variables.
2. The results of this study are limited to a small Indiana high school, located in a small town. Northern Indiana High is typical of the small - middle sized (800-1200 students) high schools in northeastern Indiana.

The generalizability of this study will be to similar populations.

3. True experimental design was not possible because subjects could not be assigned randomly to experimental and control groups; thus, a quasi-experimental design was utilized.
4. Although the reliability alphas with regard to the subtests used in this study were respectable, The High School Students' Opinion, Attitude, Knowledge and Experience Concerning Drugs Questionnaire, has not been tested for internal consistency or temporal stability. It may be unclear whether changes in scores are due to fluctuations in temporal stability of the questionnaire or to actual changes in an individual's experience with substances.
5. Some data collected in the drug questionnaire mentioned in number 4, will not be reported, in as much as these data were not pertinent to the scope of this study.

Organization of the Study

The study consists of five chapters. Chapter I presents an introduction to the study, statement of the problem, magnitude of the problem, prevention modalities, significance of the study, definitions of terms, limitations of the study, and organization of the study. Chapter II reviews the pertinent literature with regard to drug education approaches and methodology. Chapter III describes in detail the design, measurement instruments, hypotheses of the study, the sample population, and statistical analysis used in the study. Chapter IV presents the findings and summarizes the results of the study in terms of the stated hypotheses. Chapter V summarizes the discussion

and findings, states conclusions which have been drawn on the basis of the results, and suggests recommendations for future related research.

CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

This study was designed to compare the effects of a psychosocial substance prevention curriculum on individuals with regard to drug knowledge, attitude, experience and self-esteem. In as much as pertinent studies related to this study have been cited in Chapter I, this review will examine nine substance prevention programs which have or are now using psychosocial or affective approaches. The second section of the review discusses methodological problems and procedures used in evaluating prevention programs. Self-esteem and correlate studies related to substance use close the review.

Psychosocial Approaches to Substance Abuse Prevention

Basic assumptions underlying drug education programs. Nowlis (1970) posited that drug education programs were based, implicitly or explicitly on eight issues. Each issue was viewed as a continuum. The position on the continuum and the philosophy of its advocates will influence the design, quality, nature and effectiveness of a specific program.

Nowlis' eight issues centered around the following assumptions:

1. The nature of the problem: At one extreme end of the continuum, drugs (as problem) are viewed as pharmacological agents, whereas, at the other

- extreme, drug abuse is viewed as symptomatic of basic societal problems.
2. Definition of drugs: Historically the concept of drugs as powerful magic potions represented one end of the continuum. By contrast, the scientific definition of drugs defined them as substances which interact in a variety of ways with complex and variable organism.
 3. Drug effects: Drugs are seen on a continuum ranging from predictable and reliable effects, to a wide variety of effects based on non-drug factors which are more important than the drug itself.
 4. Human nature: At one extreme end of the continuum, the fundamentalist Biblical belief in original sin is located; whereas, at the other extreme, man is viewed as being basically good.
 5. Purpose and process of education or enculturation: Contrasted with the traditional position or status quo is the search for truth, and the scientific method as basis for informed decision making.
 6. Efficacy of the communication process: Low key as opposed to high pressure or scare approaches; generalized versus situation specific approaches; single presentations versus sustained, process oriented approaches are viewed on this continuum.
 7. Social control: Punitive and strict law enforcement methods at one extreme, with individual decision making based on thorough knowledge at the other end of the continuum.
 8. Goals of drug prevention programs: Total abstinence pitted against the prevention of a pattern of use which interferes with the user's lifestyle as an acceptable goal characterizes this continuum.

Guidelines for effective drug prevention programs. Researchers in the field do not totally agree with regard to the guidelines for prevention programs. Alkire

(1974) suggested guidelines emerging from the work of Cornacchia (1973) and Girdano and Girdano (1972) as essential factors in the effective implementation of drug prevention programs in schools. These guidelines applied to community programs as well. Adapted guidelines from Alkire are:

1. Identify the nature and extent of the drug problem; attend to the physical, psychological, social, and spiritual needs of youth clientele.
2. Include in the program education, counseling, guidance, i.e., assistance that cannot be provided in the usual educational program.
3. View drug abuse as symptomatic behavior. The basic deterrents should not be directly concerned with drugs themselves, but with the social environment, the spiritual needs of youth, and the improvement of communication between youth and adults.
4. Behavioralize program goals. Actively involve students in discussions, activities, and decisions which directly relate to their milieu.
5. Focus the school atmosphere or community climate on the improvement of human interactions.
6. Coordinate and relate school activities with activities in the home and community.
7. Individualize the program.
8. Student involvement in the planning and management of the program is essential.
9. Involve personnel in the program who are technically/academically qualified, as well as being able to communicate effectively with youth.

With the Nowlis (1970) assumptions and Alkire's (1974) guidelines as background information, this literature review focuses now on nine psychosocial approaches that have been termed successful by the United States De-

partment of Education and the Pyramid Project, a National Institute on Drug Abuse prevention project which promotes evaluation and provides logistical support for the NIDA. Figure 2 highlights these programs.

Magic Circle. Cited in Moskowitz, Schaps, and Malvin 1980; Schaps and Slimmon 1976, Magic Circle was developed by the Human Development Training Institute, San Diego, California. This widely acclaimed program is a curricular approach designed to give children the opportunity to become constructively involved in developing personal effectiveness, self-confidence, and understanding of causes and effects in interpersonal relationships. Designed for the elementary grades, Magic Circle emphasizes: communication skills, decision making, self-concept, and values.

An important ingredient, open sharing, is strictly followed; no one is forced to participate in discussions, no put-downs are allowed, opinions and experiences shared by students are not judged. Contrasted to the teasing and one-upmanship commoningly found at the elementary school age, Magic Circle creates an atmosphere of mutual trust and caring. The discussion period, usually 20 minutes each day, attempts to create a positive, constructive classroom atmosphere throughout the course of the school. Magic Circle was successfully implemented in the Napa Project (Moskowitz et al., 1980).

The Ombudsman Program. Developed in 1973 by the staff of the Charlotte, North Carolina Drug Education Center, Inc., Ombudsman is targeted primarily to grades five through nine. A regular school course in the Charlotte School System, Ombudsman, subtitled "A Classroom Community," is designed to specifically counteract some of the negative factors associated with drug abuse, e.g., low self-esteem, negative social attitudes, low valuing of school,

| PROGRAM | GRADE LEVEL | EMPHASIS | DEGREE OF YOUTH RESPONSIBILITY | POTENTIAL IMPACT |
|-----------------------|-------------|-------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Magic Circle | Elementary | Peer group communication, self-esteem, listening skills | Low | Improved intergroup communication, personal growth, improved classroom climate |
| The Ombudsman Program | Elementary | Peer group communication, self-esteem listening skills, decision making, project outreach | Medium | Improved intergroup communication, personal growth, improved classroom climate, participation in community service activity |
| Tribes | Elementary | Peer group communication, self-esteem, listening skills | Low | Improved intergroup communication, personal growth, improved classroom climate |
| SPARK | Secondary | Counseling, peer group interaction, alternatives | Medium to High | Personal problem solving, improved self-esteem, reduction of problem behavior, greater acceptance of school |

Figure 2. Psychosocial Curricular Programs (The descriptions in this figure are intended as suggestions of program attributes and are not representative of exact assessment of program elements and effects.)

| PROGRAM | GRADE LEVEL | EMPHASIS | DEGREE OF YOUTH RESPONSIBILITY | POTENTIAL IMPACT |
|-----------------------------------|--------------------------|---------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| PEDE | Elementary/ Secondary | Peer institutes, core group activities | Medium to High | Improvement in school climate, personal growth, self-esteem, decision making skills |
| Operation Snowball | Secondary | Peer institutes, peer support groups, community activities and alternatives | High | Improved intergroup communication, personal growth, counseling, problem solving, involvement in meaningful activities, new roles |
| The Peer Counseling Program | Jr. High/ Secondary | Peer teaching of cognitive information, training of peer counselors to junior high students | High | Personal growth, sense of caring and responsibility for self and others; improved school climate |
| The NAPA Project (drug education) | Jr. High | Substance information decision making skills, plus other affective skills | Medium to Low | Provide accurate substance information, personal growth, improved peer relationships |
| Me/Me Program | Elementary | Peer group communication self-esteem, listening skills | Low | Improved peer relationships, improved classroom climate, personal growth |

Figure 2. (continued)

family incohesiveness (Charlotte Drug Education Center, 1981).

Designed to be presented for a minimum of two hours per week over the period of a semester, Ombudsman is divided into three phases:

1. Self-awareness: This includes a series of exercises that help students gain a wider understanding and appreciation of their value as autonomous individuals.
2. Communication and group skills: This phase focuses on techniques for team building, assertiveness training, decision making, and problem solving.
3. Outreach: Students plan and carry out creative and constructive projects that allow them to demonstrate and share what they have learned.

The project, usually an extension of the normal school day, gives class members an opportunity to assume leadership and responsibility roles. Often community service is performed.

Kim (1981) using the Student Attitudinal Inventory (SAI), cited the following: (1) At the conclusion of the Ombudsman Program, a significantly larger proportion of students in the treatment group had favorable attitudes toward their regular school teachers than those in the control group; (2) a significantly larger proportion of students in the treatment group reported more favorable attitudes toward Ombudsman instructors than did either the treatment or control groups with regard to their own classroom teachers; (3) the Ombudsman Program was more effective among students whose regular classroom teachers have had Ombudsman training than those whose teachers did not have such training; and, (4) the Ombudsman Program was more effective among elementary than junior high school students (Kim, 1981b).

Since 1977 the Ombudsman Program has been replicated throughout the

Nation via the National Diffusion Network (NDN) and has been approved by the U.S. Department of Education as a model for drug prevention.

Recommendations (Kim, 1981a) having bearing upon the success of the Ombudsman Program and future replication programs are: (1) the Ombudsman Program was more effective when the regular classroom teacher interacted closely with Ombudsman instructors; (2) when greater time is spent "processing" Ombudsman exercises implemented during the course of the program, the greater the effectiveness of the program; (3) as a human services program, the Ombudsman Program cannot be implemented on a uniform basis on all occasions. [There are always human factors involved which cannot be controlled successfully; further research on this issue deserves attention.]; (4) Ombudsman Programs which have implemented the third phase of the program have shown better results than the programs implemented minus the third phase; and, (5) strict factual information about drugs does produce positive attitudinal improvements with regard to students' attitudes toward drugs.

Tribes Program. Similar in many ways to both Magic Circle and Ombudsman, Tribes, created by the staff of the Center for Human Development, Lafayette, California, focuses even more explicitly on peer group interaction. Based on the premise that prevention does not happen by controlling others, but by transferring to others the responsibility to take care of themselves, Tribes is targeted for kindergarten through grade 8.

According to Gibbs and Allen (1979), the purpose of the Tribes Program is to "help children and youth develop their own inner resources and responsibilities . . . and to develop a positive peer environment, conducive to learning and emotional development" (p. 7).

Tribes is a structured peer group which helps over a period of time to:

(a) build students' self-esteem; (b) include all students in classroom activities and teach communication skills; (c) clarify values for responsible behavior and decision making; (d) create a supportive environment for growth and learning. Once a caring, trusting atmosphere of intergroup communication has been established, the class divides into separate "tribes" of six students each. These tribes engage in a variety of activities ranging from self awareness exercises to academic work to problem solving. The entire Tribes process is designed to lead students through successive stages of mutual cooperation, i.e., inclusion, getting to know one another; influence, learning to work together; affection, working together creatively.

Di Bartolo and Sarver (1980) studied seven schools involved in the Tribes Program during 1978-79 and 1979-80; they reported: "The Tribes Program is seen by teachers and school staff as a contribution to enhance school social climate, improved self-concept in school children, increased communication skills among children and enhanced awareness by the individual child as a responsible, capable person" (p. 25). These findings were limited due to research design (nonequivalent groups; no pretest or posttest measures).

Coy (1974) studies attitudes of self, school and teachers of 385 elementary school students involved in a Tribes Program. Major outcome findings at the $p \leq .05$ level of confidence were:

1. No difference was found between Tribes and comparison students in attitude toward self at any grade level.
2. Fourth grade Tribes students developed more positive attitudes toward school than comparison group. No difference at other grade levels.
3. All Tribes classes significantly more positive in attitude toward teacher than comparison group.

Churgin, Satarianno and Di Bartolo (1978) studied 444 students in twelve Tribes schools. Using pre - post test (Self Appraisal Inventory, School Sentiment Index), comparison groups, and intact classes, Churgin et al. reported the following:

1. Grades 1-3: Tribes students significantly more positive than controls on self appraisal in school and general attitude toward school. Control students significantly higher on general self appraisal. Tribes students slightly more positive on attitude toward teachers.
2. Grades 4-6: Tribes students significantly higher than controls on self appraisal in school.

More "hard" data are needed to support the contention of Tribes designers that individuals involved in the Tribes Program will do better in school, or for that matter, in life.

SPARK (School Prevention of Addiction through Rehabilitation and Knowledge). SPARK is "The Nation's largest school-based program approaching drug education, prevention, and intervention through group and individual counseling, training of a peer leadership cadre, home visits, parent workshops, parent/child sessions, community involvement, curriculum development, meaningful alternative activities, and in-service training for teachers" (Visco & Finotti, 1974, p. 1).

SPARK, one of the top drug abuse prevention programs in the country, operates in all 98 high schools of New York City. The program relies heavily on peer group discussion as a way of confronting and dealing with problem behavior among high school students. Although SPARK varies somewhat from one school to another, peer group meetings and discussions are a common element.

Essentially SPARK is a counseling program. It is available both as a prevention program to self-referred students who need help with personal problems, and as an early intervention program for students who are experiencing difficulties either in or out of school and who are referred to SPARK by teachers, guidance counselors, or other school personnel.

A quasi-experimental evaluation of SPARK by the State of New York Office of Drug Abuse Services (ODAS) 1977, reported the following findings from twelve randomly selected high schools:

. . . the atmosphere was generally relaxed. Virtually all students appeared to be sincerely interested in group discussions, and most were active participants. A SPARK coordinator was present at all group sessions, and used a variety of role-playing and problem-solving techniques to engage students. From the quality of student participation in the sessions, it was evident that the SPARK coordinator had created an environment within which students felt free to reveal deeply personal information without fear of re-crimination. There was much sharing of problems and feelings, and actively supportive behavior between the SPARK coordinator and among students themselves. (Note 3)

The role of the SPARK coordinator, according to the developers of the program, is critical to the program's success.

Visco and Finotti (1974) also observed an association between participation in the SPARK Program and improvement in the attributes of socially desirable behavior. They further reported that "acting out" behavior decreased in the experimental (SPARK) group (p .001) and increased in the control groups (p .05). Mean differences between the experimental and control groups were significant at the .001 level of confidence. In addition, school absences decreased for the experimental group and increased for the control group (p .001). Achievement (grades) at the p .001 level increased for the experimental group and decreased for the control group.

According to Visco and Finotti, SPARK was one of the first drug abuse

prevention programs in the country to demonstrate through evaluation studies a positive impact on drug use and other forms of problem behavior among youthful students.

The PEDE Program. Although highly recommended but without significant research, the PEDE Program serves schools in the Minneapolis - St. Paul areas. PEDE (Person Education Development Education) is similar to SPARK in that it emphasizes communication and problem solving skills within a peer group setting.

Initiated in 1972, the developers of PEDE designed four day institutes in which teenagers received training in a variety of affective and group process skills. Upon returning to their schools, participants are encouraged to implement peer outreach approaches, e.g., peer counseling, alternatives activities, youth service bureaus, peer participation in program planning.

A distinct feature of this program is that after training, participants have the opportunity to become members of a core group which includes teachers, parents, and administrators. This core group functions as a mechanism for assessing school needs, analyzes problems, and develops programs. PEDE has been implemented in more than twenty-four schools in five Minnesota counties.

Operation Snowball. Sponsored by the Illinois Alcoholism and Drug Dependence Association (IADDA), Operation Snowball is a statewide, independent organization which cooperates closely with the State of Illinois alcoholism and drug abuse agencies. An outgrowth of annual Illinois Teenage Institutes, sponsored by IADDA since 1975, Operation Snowball shares one of the main tenets of PEDE; namely, that of training students through an intensive

institute focused on problem solving and helping skills. Developing leadership abilities among the teenage population of the State in an effort to deal with substance abuse problems, is the primary emphasis of the six day institutes.

Operation Snowball, limited by significant research, was conceived to harness the enthusiasm generated by the Summer institutes; thereby, creating a mechanism for continuing the program throughout the year. Participants meet on a weekly basis during the school year, to plan local programs, and activities for community youth, or function as problem solving support groups for each other. A popular approach to drug abuse in the State of Illinois, interest and replication of this program continues to grow.

The Peer Counseling Program. Developed in 1980 by the Austin Child Guidance Center for the Texas Department of Community Affairs, the Peer Counseling Program targets individuals who are considered to be part of an "at risk" population in relation to drug abuse. "At risk" individuals are considering or are just beginning to use drugs, and have the potential for serious abuse problems. Other "at risk" criteria include: low self-concept, academic or behavior problems at school, and difficulties with peers or family relationships.

The Peer Counseling Program utilizes as its primary mode of intervention, high school students who have been trained to act as counselors with individuals and groups of junior high school students. The major goal of this program is to concomitantly demonstrate that high school students can effectively counsel younger peers; thus, reducing the potential for drug abuse of "at risk" junior high school students.

Moss (1981) cited a study of sixteen peer counselors and 98 participants in The Peer Counseling Program. Improvement in the self-concept of

the peer counselors (Piers-Harris Children's Self-Concept Scale) was reported but not statistically significant. However, using the Student Attitudinal Inventory (SAI), peer counselors showed statistical improvement ($p < .05$). This particular scale related a general attitude on the part of the student which was believed to be related to potential drug abuse. One sub scale, Rebellious Attitude, increased from 2.4 to 6.1, an improvement of 3.7 points, which was found statistically significant at the .01 level of confidence. Participants in the program did not show significant impact in the area of global self-concept, measured by the Piers-Harris Scale, grades, or attendance. Three subscales on the SAI: rebellious attitude ($p < .02$), attitude toward school ($p < .03$), and self-esteem ($p < .03$) reported significant findings relating to the "at risk" state for potential drug abuse.

Overall Moss termed the program successful as it met the goals and objectives established at its inception. Actual proof of the program's effectiveness, however, cannot be authenticated in its initial year, but must come from longitudinal analysis of actual abuse rates at a later time in the life of program participants. More research is being planned by the Austin Child Guidance Center.

The NAPA Project. The NAPA Project, a multifaceted drug abuse prevention program, began in August of 1978. This project serves students enrolled in the Napa Valley Unified School District, Napa, California. Ultimate goals of the project are to reduce the incidence of drug abuse in Napa, and to provide accurate information regarding the program's effectiveness to policymakers and program developers in the prevention field. The project funded by the National Institute on Drug Abuse, Prevention Branch, Department of Health, Education and Welfare; and conducted by the Pacific Institute for Research and Evalua-

tion, is implemented by the Napa Valley Unified School District.

One facet of the NAPA Project, an innovative drug education course taught to seventh and eighth graders in regular social studies classes, will be cited in this literature review. The drug education focusing on soft (tobacco, alcohol and marijuana) drug use, meets once a week for ten weeks. Students study Lasswell and Rubenstein's (1966) theory of understanding human needs; learn a systematic decision making procedure; and, receive information about the pharmacological, psychological and social consequences of licit and illicit drug use.

Schaps, Moskowitz, Condon and Malvin (1981) studied 500 students involved in the NAPA drug education course during school year 1978-79. Overall, students rated the course mediocre with respect to interest, enjoyableness, usefulness and clarity. Classroom teachers were critical of the instructor's (non-classroom teacher) teaching style and the course content.

The researchers raised the question whether drug education courses should be delivered at a particular age level, since their study reported many of the predicted effects for grade 7 females, but not for grade 7 males, or grade 8 males or females. Their study further showed desirable effects for grade 7 females but only a few, mixed effects for grade 8 females. They concluded that drug education efforts might have a better chance of succeeding if intervention was delivered at seventh grade or below. Research is continuing with regard to the NAPA Project.

Me-Me Program. The Me-Me Program, a drug prevention program for elementary level children, was originally developed as an ESEA Title III program in Appleton, Wisconsin, in response to a need for such a program. Funded through the Department of Education as a federally validated developer/dem-

onstrator project, the program received national recognition, when it was included in the National Diffusion Network (NDN). The NDN selects educational programs that are exemplary and worthy of replication.

Me-Me strives to restrict the incident of abuse of drugs by focusing on the reasons why people abuse drugs, rather than on the drugs being used. The ultimate goal of the program is to help children develop to their full human potential. According to NIDA (1982) this well designed program combines self-concept and decision making activities with one of the strongest drug information components currently available in a curriculum for the elementary school student.

The program objectives of Me-Me are: increase students' self-esteem, improve students' decision making ability, cultivate a healthy attitude among students with regard to the use/abuse of drugs, and disseminate to students accurate, relevant, trustworthy drug information.

Group activities are designed to be conducted by the classroom teacher in a classroom setting, usually lasting 45 minutes once a week. Me-Me materials are compatible with curricular areas; thus, it is unnecessary for the classroom teacher to make inordinate adjustments to implement the program. Teachers who wish to replicate Me-Me in their classrooms, must attend a Me-Me training workshop.

Kearney and Hines (1980) studied the effectiveness of the Me-Me Program with 935 students in an experimental group and 449 students in the control group. Significant overall differences were found between experimental and control groups in self-esteem ($p < .05$), decision making ability ($p < .001$), drug attitude in primary grades ($p < .001$), and the extent of drug information ($p < .001$). No significant differences in drug attitude were found at the inter-

mediate level (grades four through six).

In summary the preceeding nine prevention programs are representative of the effort being made in the Nation today to combat substance use/abuse. The majority of the programs (eight) were school-based, educational, psychosocial approaches, and they were designed to help students examine their personal and social lives in order to make wiser choices with regard to the use of licit and illicit substances. Although the psychosocial approach has been recommended by experts, (Nowlis, 1975; NIDA, 1977; Norem-Hebeisen & Lucas, 1977; Webb et al., 1978), and the previous programs with their affective strategies were examples of such an approach, the question prevails: are drug prevention programs dissuading youthful Americans from using/abusing substances? Unfortunately limited research has been conducted with regard to prevention programs, as the next section of this literature review reports.

Methodology and Evaluation Procedures of Substance Abuse Prevention Programs

Substance abuse education is not new! In one form or another it has been practiced throughout history; yet, in the last quarter (the last two decades with regard to drugs other than alcohol) of the twentieth century an effective substance prevention strategy/program has not definitively been identified.

Although millions of dollars have been expended by the U.S. Government as new agencies, institutions, offices, programs, treatment and rehabilitation centers have been created to address the illusive drug abuse issue, conflicting and confusing reports have retarded efforts in reaching solutions to the substance abuse problem.

Further, perusal of research literature regarding the direction, status and effectiveness of prevention approaches in the United States has brought little comfort. To date the best effort of those concerned with the evaluation of prevention strategies has been the periodic publication of "state of the art" reports which have attempted to: (1) assess the quality of prevention programs, and (2) assess the quality of prevention evaluation. Reports of significance included the work of: Bry (1978); Blum, Garfield, Johnstone, and Magistad (1978); Bukoski (Note 4, 1979); Goodstadt (1974; 1981); Janvier, Guthman, and Catalano (1980); and, Schaps, Di Bartolo, Moskowitz, Palley, and Churgin (1981).

For example, Goodstadt (1974) examined both informational and psychosocial education programs primarily from the point of view of quality of the evaluation, than from concept or effectiveness of the programs. He concluded few programs were validly evaluated, i.e., used acceptable experimental designs and statistical analysis, and that the few valid studies provided insufficient evidence about their effectiveness.

In 1981 Goodstadt reported: "There are very, very few reports of researched alcohol education programs, even if the most primitive forms of evaluation are included. Available research reports are of little assistance, in addition, because of inadequacies in either research design and/or analysis. This research, therefore, helps little in determining the most effective approaches to program development and implementation" (p. 7).

Out of 200 studies of informational and psychosocial programs reviewed by Randall and Wong (1976) it was reported that only twenty-three employed the use of systematic evaluation procedures. Of the twenty-three, fifteen used pretest-posttest measures and a control. Randall and Wong's conclu-

sions were similar to those of Goodstadt, 1974, 1981.

Staulcup, Kenward, and Frigo (1979) reviewed twenty-one primary alcohol prevention demonstration projects funded by the United States National Institute on Alcohol Abuse and Alcoholism (NIAAA) during the year 1974 through 1978, although not all projects began in 1974 nor ended in 1978.

Information about the twenty-one programs was collected from three sources: project abstracts obtained from NIAAA, journal articles and newsletters, descriptive and evaluative reports collected from the project directors. Of the twenty-one projects, two were primarily involved in curriculum development, two were involved in consultation, and two were conducting exploratory research on prevention. The majority of the projects (15) used educational, recreational or training-based approaches which focused on learning about alcohol and its effects.

Staulcup et al. reported: "None of the projects reviewed used a true experimental group design involving either participants randomly assigned to treatment or control groups, two groups matched on certain characteristics prior to the preventive intervention. Instead, quasi-experimental and nonexperimental designs were used to evaluate the projects' impact. Five of the projects were quasi-experimental, employing a prevention group and a nonequivalent control group. Two of the projects were nonexperimental in design, using a prevention group only. For nine projects insufficient information on the type of design used was provided for them to be classified, and five projects involved exploratory research or information development and dissemination and, therefore, did not require an experimental evaluation design" (p. 950).

Of the twenty-one projects reviewed, nine could not be assessed because of lack of information; three projects were task-oriented (primary goals in-

cluded the creation and dissemination of prevention materials); two involved exploratory research; seven programs could be evaluated. Of the seven evaluated programs, five reported positive outcomes and two reported negative outcomes.

The demonstration projects reviewed by Staulcup et al. were funded to test innovative approaches to prevention of alcohol misuse. While the results of a few of the projects were promising, the methodological weaknesses of the designs limited the confidence that could be placed in their reported successes. Further, all the projects employed quasi-experimental designs, thus weakening the predictive powers of more sophisticated designs.

Staulcup et al. recommended that "(1) evaluation designs and procedures be explicitly delineated in project proposals; (2) control groups be required for all experimentally oriented projects to ensure greater statistical confidence; and (3) develop standardized instruments to assess alcohol related research" (p. 963).

Kinder, Pape, and Walfish (1980) reviewed twenty-five outcome studies dealing with the effects of substance abuse among students and adults. The experience of Kinder et al. was similar to that of Goodstadt and Staulcup as they reported the majority of the studies they reviewed suffered from serious methodological flaws. With the exception of one study, Stuart 1974, all were considered deficient in that they employed quasi-experimental designs, ineffective instruments, and suffered from lack of control groups.

Kinder et al. suggested as minimum requirements the following criteria for future drug and alcohol education research projects:

1. Studies should describe characteristics of subjects, educational methods employed, including the training of the drug educators.

2. Studies must include generally accepted experimental procedures, e.g., control groups, random assignment to groups, follow up data.
3. The use of appropriate statistical procedures is needed.
4. Future outcome studies should include measures of knowledge, attitudes, and behavior.
5. The development and use of measures of attitudes, knowledge, and behavior that are psychometrically adequate is needed. (p.1051-1052)

The Kinder et al. review concluded: "The development of more appropriate measurement devices and procedures remains the preeminent requirement for any future outcome studies of the effectiveness of substance abuse education and prevention" (p. 1051)

Perhaps the most intense and definitive review (Schaps, Di Bartola, Moskowitz, Palley, & Churgin, 1981) of drug and alcohol education programs was funded by the Prevention Branch, Division of Resource Development, of the National Institute on Drug Abuse (NIDA). This review examined outcome evaluations of 127 primary substance prevention programs; the reports of which were issued or published between 1968 and 1977.

Sources for the review included book and journal articles, unpublished manuscripts and reports to funding agencies. Garnered after extensive search, the Schaps et al. evaluation may represent the largest collection of prevention program outcome evaluations currently available.

Each study was subjected to a rigorous review process: 70 programming and research dimensions; the descriptive data were subjected to cross-tabular and correlational analyses.

The overall quality of each research design was assessed using a five point scale. Of the 127 evaluations, 20% (N=26) were rated as having "strong" re-

search designs and were given a top rating of five. Twenty-one percent (N=27) were given a rating of four, which was defined as "acceptable"; 28% (N=36) were rated as three, which was defined as "borderline"; 17% (N=21) were rated at two, interpreted as "substandard"; and 13% (N=17) of all the programs were rated as one, which was defined as "unacceptable."

Program density, i.e., duration, scope, and persistence of services delivered was assessed as being weak, moderate, or strong. Research design and program density were cross-tabulated with drug-specific outcome ratings. Schaps et al. stated: "Although the differences were not statistically significant, the findings are suggestive, and in the future, evaluators may wish to document service intensity levels along with strategy or program type when analyzing the characteristics of effective prevention programs" (p. 37).

Moreover, Schaps et al. attempted to identify successful prevention programming practices by selecting studies in which high intensity service programs were coupled with fairly rigorous evaluation design, and programs which showed the most positive drug-specific outcomes. Only ten studies met the criteria of: (1) service program intensity scores of eight or more, and (2) research designs ratings of four or five. Of these ten studies, eight produced positive drug-specific outcomes; one showed no effect, and one showed a negative effect on attitudes toward drug use.

Schaps et al. concluded: "Positive findings notwithstanding, we feel that the quality of evaluation data in primary prevention is still far from adequate for guiding policy formulation and program development. Most of the available data come from studies which were poorly designed or conducted (i.e., no control groups, small or biased samples, questionable instruments, etc.) Often the data were inappropriately analyzed" (p. 41).

General recommendations cited by the Schaps et al. evaluation team were:

1. That rigorous evaluation of well established prevention programs be done, and that funding agencies provide the money needed to implement such evaluations.
2. That a well publicized repository for the collection and dissemination of program evaluation reports be established.
4. That more widespread and more systematic evaluation of prevention programs serving minority group populations and subpopulations be done [only three studies reviewed serviced minority populations].
4. That better descriptions of the program's setting, history, organizational structure, staffing, and management procedures be given.
5. That greater use of multiple measurement techniques be considered when evaluating prevention programs.
6. That measurement schedules include both pre and posttests, and if possible, a follow-up wave after the posttest should be conducted to determine the durability of program effects and to detect any delayed effects. (p. 41-42)

In summary, research studies of substance abuse prevention programs and the psychosocial approach to prevention remain amorphous. Although research findings in general have been reported as positive, evaluation research is weak; large gaps prevail in the literature. Neither overall evaluation procedures, quality or intensity of evaluated service programs have improved much within the last ten years, as few significant empirical impact studies concerning the effectiveness of primary prevention programs have been documented to date.

Self-Esteem and Substance Use/Abuse

Thousands of articles and many books have been written on the subject of self-esteem. Some of the literature leaves the reader confused and unclear when equating the influence of self-esteem upon the use or abuse of substances. Also few replication studies have been employed which reported positive linkage between self-esteem and substance use. Further, self-esteem studies are limited due to the availability of time, setting and cohorts, thus, making it difficult to significantly measure changes in self-esteem. Researchers in the field of substance prevention have recommended the enlistment of longitudinal studies as a mechanism to obtain more concrete findings.

Is self-esteem a precursor of behavior, i.e., abuse of substance, delinquency, etc.? Some researchers said "yes," for example, Streit (1980) who worked with delinquent and nondelinquent subjects, reported that delinquents could be differentiated from the nondelinquent on the basis of self-concept; that the self-concept of the nondelinquent was found to be more positive than that of the delinquent.

Fitts and Hammer (1970) studied behavior and self-concept; they concluded: "The self-concept is intimately related to behavior. Individuals who are deviant in terms of anti-social, delinquent or criminal behavior have self-concepts that are also uniquely deviant. Continued delinquent behavior apparently has a negative effect upon the individual's self-concept" (p. 83).

Researchers have found it difficult to draw conclusive and significant statistical results when studying self-esteem with regard to substance use/abuse, however, trends have been documented. For example, several antecedent (those events, influences and personal characteristics that appear to occur before the

onset of problem behavior) and concomitant (those events, influences, and personal characteristics that are present at the time individuals are engaged in problem behavior) correlates have been documented with regard to self-esteem and substance abuse. The literature based on these studies, commonly referred to as correlate research is so vast that only a portion of it could be reviewed for this study.

Antecedent findings linked to substance use were: negative attitude toward school and low self-esteem precede onset of drug use (Ahlgren, Norem-Hebeisen, Hochhauser, & Garvin, Note 2); low sense of psychological well being precede onset of marijuana use (Haagen, 1970; Paton, Kessler, & Kandel, 1977; Smith & Fogg, 1978); low self-esteem regarding school prior to onset of drug use (Norem-Hebeisen & Martin, Note 1; Smith, 1975); lack of ego integration, poor sense of self, poor interpersonal relationships (Brook, Kaplan, & Whithead, 1974; Cohen, White, & Schoolar, 1971); lower academic aspirations [related to self-esteem] precede marijuana use (Jessor & Jessor, 1978).

Concomitant correlates linked to substance use were cited in the following studies: high scores on measures of alienation and search for meaning, disillusionment and rebellion, search for self-definition, feelings of inadequacy, depression and low feelings of acceptance (Braucht, Brakarsh, Follingstad, & Berry, 1973); dislike of school (Ahlgren, et al., 1980); lower self-esteem associated with dropping out of school (Bachman, O'Malley, & Johnston, 1978); running away from home (Brennan, 1980); higher life stress scores found in drug dependent adolescents (Duncan, 1977); lower expectation of getting one's needs met (Jessor, Carman, & Grossman, 1968); inadequate problem solving skills among youthful drug users (Spivack, Platt, & Shure, 1976); poor school performance, juvenile delinquency, vandalism, dropping out of school and sex-

ual promiscuity (Norem-Hebeisen & Hedin, 1981).

Antecedent and concomitant factors are often regarded as correlates to whatever is being studied, be it alcohol, drugs, tobacco, adolescent pregnancy, or self-esteem. Although concomitant information was not as cogent as information about antecedents, the data nonetheless were valuable as they were viewed as substance abuse indicators which complemented the overall body of prevention research.

Other self-esteem studies reported: positive changes in self attitudes and greater confidence (Samuels & Samuels, 1975); a direct relationship between low self-esteem and higher levels of adolescent drug use (O'Donnell, 1976; Samuels & Samuels, 1975); low perceived family support and low self-esteem related to more frequent drug use (Cooper, Olson, & Fournier, 1977); higher level of self-esteem [measured by the Tennessee Self Concept Scale] existed among drug free or low drug use adolescents (Cooper et al., 1977); significant changes in self-esteem after psychosocial intervention (Kearney & Hines, 1980; Moss, 1981); regular alcohol users scored significantly higher with regard to self-esteem [measured by the Coopersmith Self-Esteem Inventory] (Mitic, 1980).

Closing this section of the review are three studies in which empirical findings of the data were reported in two ways: changes in participants risk states and changes in participants self reported drug use behavior and other related behavioral indicators, i.e., school performance, achievement, etc.

Gurgin (1975) compared a prevention treatment group with a matched control group and reported that students in a junior high school alternatives project using a videotape creative laboratory experience demonstrated: increased sense of personal worth; increased sense of independence; leadership

and self-confidence; improved academic performance; and, reduced drug proclivity (attitudes, intentions).

Samuels and Samuels (1975) reported that junior and senior high students participating in a peer counseling program demonstrated: positive change in the self attitudes of peer counselors and counselees; greater improvement in school attitudes; and, were more outgoing than control students.

Pollinger (Note 5) evaluated The Ombudsman Program and reported that students in the experimental group (Ombudsman Program) compared to the control group showed significant reduced states of: negative self-image, self defeatism; negative social attitudes; and, anti-adult attitudes. Moreover, Pollinger found that a significantly greater percentage of Ombudsman participants reported "no longer using" a wide variety of drugs (alcohol, PCP, marijuana, etc.) than non-program participants.

In summary of this section, studies which definitely correlate self-esteem with substance use, substantiated with empirical findings and statistical significance are virtually nonexistent. Although some researchers postulated that a direct connection between self-esteem and behavior existed, other researchers reported trends in this direction. More research with regard to self-esteem must be explored.

Summary of the Review of Related Literature

The literature review of this study cited: (1) examples of exemplary drug prevention programs, most of which were related to education; (2) problems incurred in research and evaluation of prevention programs; and, (3) studies which reported the critical factor of self-esteem with regard to be-

havior in general and substance use/abuse in particular.

It was discovered with regard to substance prevention programs, that the form and content of these programs were varied and diverse; their impact upon the use and abuse of substances was inadequately researched. Although substance education programs are prolific in the Nation, many of which are labeled psychosocial, more sophisticated study must be employed before anything definitive can be stated with regard to their effectiveness as deterrents of substance abuse.

There are no magic wands for preventing drug abuse; it is an enormously complex phenomenon rooted in a wide range of social and personal factors. Consequently, during the last ten to fifteen years, the Federal Government initiated extensive research into the drug problem. Much data were amassed; one conclusion from this research effort became clear: it is virtually impossible to establish a pure cause and effect relationship between drug abuse and any particular aspect of human development or personality (NIDA, 1982).

Furthermore, it was discovered with regard to the research process of prevention programs, often government funded, that:

- * relatively few programs were evaluated;
- * few comparison studies permitting cross-study validation were initiated;
- * most studies were methodologically inadequate in design and/or analysis;
- * findings within the same study were frequently inconsistent;
- * changes in level of knowledge were frequently reported;
- * few programs produced significant attitude change;
- * few studies demonstrated significant change in substance use.

Some writers cited in this literature review believed drug education was

ineffective, perhaps even harmful. The research evidence, however, does not support this conclusion. A confused picture was presented. Certainly caution must be used in drawing sweeping conclusions from the studies cited in this literature review, as these studies were based on such a wide range of data and methods. This dilemma can only be clarified as prevention approaches in the future are implemented in conjunction with evaluation designs which employ the highest standards of research.

Several previously mentioned correlates, which are representative of the vast number found in the body of substance research are cited in conclusion of this summary:

- * Low self-esteem is a critically important factor. Young people suffering from low self-esteem are often unable to resist peer pressure to use drugs; they also find that drugs provide them with the "good feelings" that they lack.
- * Parents and other family members serve as models of drug use. Family disorganization, inadequate parenting, and poor parent-child relationships correlate strongly with adolescent drug use and other disruptive behaviors.
- * Peer pressure to use drugs is almost always associated with initial recreational drug use.
- * Drug use is highly correlated with other forms of negative, self-destructive, anti-social behavior.

CHAPTER III

METHODOLOGY

Introduction

Chapter three presents the research methodology of the study. This study investigated the effectiveness of a psychosocial substance abuse curriculum, Moving Through Adolescence With Confidence (MTAWC), with regard to its effects on substance knowledge, attitudes, experience and self-esteem on individuals from selected classrooms of a northern Indiana high school. Differences in these variables were measured and analyzed.

Specifically this chapter presents: the hypotheses of the study, the school and community setting, variables of the study, measures used in the study, the sample, experimental design, the method of data collection, and statistical analysis used with regard to the data.

Hypotheses of the Study

This study hypothesized that there would be differences in substance knowledge, attitude, experience and self-esteem, between individuals who participated in MTAWC and those who did not. Specifically the study tested four hypotheses:

1. Individuals, ages 14-16, from selected classrooms at Northern Indiana High who experience MTAWC would increase their measured drug knowledge

more than a comparable group of individuals who do not experience MTAWC.

2. Individuals, ages 14-16, from selected classrooms at Northern Indiana High who experience MTAWC would have a more measured negative attitude toward drug substances than a comparable group of individuals who do not experience MTAWC.
3. Individuals, ages 14-16, from selected classrooms at Northern Indiana High who participate in MTAWC would report less measured use of marijuana, alcohol and cigarettes, than a comparable group of individuals who do not participate in MTAWC.
4. Individuals, ages 14-16, from selected classrooms at Northern Indiana High who participate in MTAWC would increase their measured self-esteem more than a comparable group of individuals who do not participate in MTAWC.

School and Community

School setting. Northern Indiana High School (NIHS), a member of the Northeastern Indiana Community School District, was located in the town of Anytown, county of Northern, state of Indiana. A physical plant of one, elongated, building housed grades seven through twelve with a school population of 812 students.

NIHS consisted of a stable student body with no significant in or out migrations on the part of the students. Seventy-four percent of the Class of 1980 attended NIHS for six years. Less than five percent of the student body dropped out of school during school year 1979-80.

The traditional curricula at the school was viewed as comprehensive in scope and appeared to be meeting the needs of the majority of the students. Courses tended to be sequential, meeting five days a week in 55 minute blocks of time. A wide range of extra-curricular offerings, i.e., intramural and interscholastic sports and club activities existed to serve the special interests of the student body. The school day began at 8:00 a.m. and ended at 3:05 p.m. A faculty of fifty professional educators and administrators served the student population. The composition of Northern Indiana High School was typical of the numerous schools in Northeastern District with regard to: curricular and extra-curricular opportunities, socio-economic background of students, and size (800-1200 students).

Community setting. A predominately rural (40%) and small town (60%) community, the school district's population was approximately 8500, 99 percent of whom were white (U.S. Census, 1980). The town of Anytown was once a thriving railroad center, however, the number of people employed by the railroad has declined dramatically in recent years to approximately 200. Residents find employment in several small industries within the community, while many people work in nearby communities.

Approximately 20 percent of the parents of the Northern Indiana High School students were semi-skilled or unskilled workers; approximately 20 percent were skilled workers; and, 15 percent were classified in professional or managerial positions. Thirty-five percent of the mothers were homemakers; 80 percent of the parents completed high school and 10 percent earned a college degree (U.S. Census, 1980). Although some businesses located in Anytown have recently closed, the population appeared to be fairly stable with no indications of significant growth or decline in the coming years.

Variables Studied

MTAWC focused upon the unmet personal and social needs of students. These needs have been identified as causes of substance abuse (NIDA, 1977; Norem-Hebeisen & Lucas, 1977; Nowlis, 1975). (See Chapter I, Significance of the Study for specific information.)

Individuals from selected classrooms were instructed in the thirty lessons of MTAWC by the researcher, an educator with twenty-five years in the field of secondary education who specialized in counseling.

The principle goals of MTAWC were: (1) to help students acquire skills which would lead to positive social behavior at school, at home, and in the community; (2) to help students relate with awareness and sensitivity to other human beings; (3) to help students appreciate their own capabilities and intelligence; (4) to establish a classroom climate which nourished personal growth; and, (5) to help students make more responsible decisions.

It would be appropriate with regard to the hypotheses to state the problem of this study in another manner, did MTAWC assist students to: (a) acquire positive behavioral skills, (b) relate with awareness to others, (c) understand their own worth, (d) grow personally, and (e) make more appropriate decisions with regard to substances?

Operationally the following variables were selected for testing and to show their relationship with the problem of the study, specifically, and in general with the foregoing questions: knowledge of substances as a measure of accurate pharmacological information; attitude with regard to substances as a reflection of the individual's belief system; experience (use) with substances as a barometer of responsible decision making; and self-esteem as a

measure of personal growth.

Measurement Instruments

Measurements used to assess self-esteem, attitude, substance knowledge and experience were: (1) The Offer Self-Image Questionnaire for Adolescents, and (2) High School Students' Opinion, Attitude, Knowledge and Experience Concerning Drugs Questionnaire. Copies of these instruments are found in Appendix B.

The Offer Self-Image Questionnaire For Adolescents (OSIQ). The self-image questionnaire was a self-descriptive personality test that was used to measure the adjustment of teenage boys and girls between the ages of fourteen and eighteen. It measured eleven content areas of adjustment considered important in the psychological world of the teenager.

The eleven content areas were: (1) Impulse Control: Measurement of the adolescent ego apparatus (internal and external environment); (2) Emotional Tone: Measurement of the degree of affective harmony within the psychic structure (fluctuation in the emotions as opposed to feelings that are relatively stable); (3) Body and Self-Image: This scale indicated the extent to which the adolescent had adjusted to or felt awkward about his body; (4) Social Relationships: Measurement of object relationships and friendship patterns; (5) Morals: Measurement of the conscience or super-ego (to what extent has it developed); (6) Sexual Attitudes: Measurement of adolescents' feeling, attitude, and behavior toward the opposite sex; (7) Family Relationships: Measurement of parental relationships (how the adolescent related to his parents and the kind of relationships he had with his father and mother).

(8) Mastery of the External World: Measurement of how well the adolescent adapted to his immediate environment; (9) Vocational-Educational Goals: Measurement of learning and planning for a vocational future; (10) Psychopathology: Identification of overt or severe psychopathology; (11) Superior Adjustment: Measurement of ego strength and coping ability (how well the adolescent coped with himself, significant others and his world).

Subjects responded to 130 statements with alternative responses ranging from "describes me very well" to "does not describe me at all." Half of the items in each scale were written positively, so that accepting the item as describing one's self very well corresponded to good adjustment; half were written negatively, so that rejecting the item as self-descriptive corresponded to good adjustment. In addition, the items were scored in one direction with the value for negative items reflected so that the lower the score, the better the adjustment. Items were reflected by subtracting the circled value from 7 e.g., circling "4" for a negative item became a 3 after reflection ($7-4=3$). Subject's score for any scale was the sum of the circled values for the positive and reflected negative items divided by the number of items in the scale, therefore, scores ranged from 1 (superior adjustment) to 6 (poor adjustment).

In as much as self-esteem prominently figured into the use of substances (Ahlgren et al., Note 2; Norem-Hebeisen & Lucas, 1976; Kearney & Hines, 1981), it was considered an appropriate measure of subjects' personal and social development. Moreover, validity studies reported self-concept scores were significantly related to: feelings toward parents and peers (O'Donnell, 1976); perceived close relationships with peers (Lanza, 1970); ability to make friends (Coopersmith, 1967); problem drinking (alcohol) behavior

(Mitic, 1980); higher levels of drug use (O'Donnell, 1976; Samuels, 1975); and perceived low family support (Cooper et al., 1977). These psychosocial factors, personal and social adjustment, have been shown as predictors of substance use/abuse (Norem-Hebeisen & Lucas, 1976).

Reliability of OSIQ Scales. With regard to reliability, Offer, Ostrov, and Howard (1977) reported a high degree of consistency across cells for item-total correlation; these correlations indicated high homogeneity of the scales. Inter-correlations were computed among the scales for each norming cell. These correlations were quite consistent across cells and indicated that, with the exception of scale 6 (sexual attitudes), the various scales tapped a similar dimension of self-image in adolescents. With regard to intra-class correlations, alpha reliabilities ranged from .87 (scale 7, family relationships) to .56 (scale 5, morals) for 278 white, younger, females; and .66 (scale 10, psychopathology) to .40 (scale 2, emotional tone) for 326 white, younger, males. These results were consistent with the item-total analysis which supported the internal consistency of the various scales of the questionnaire.

High School Students' Opinion, Attitude, Knowledge and Experience Concerning Drugs Questionnaire. The questionnaire was made up of 69 items and covered such major areas as: substance knowledge, opinions and attitudes regarding substances, drug experience (use). It was designed so that individuals reported their experiences with various substances ranging from illicit drugs to alcohol and tobacco. No reliability or validity data were available for this questionnaire, however, when an item-total correlation was computed for the drug knowledge subtest; for this study, the alpha reliability which indicated homogeneity of the test items was .85. In addition, when alpha reliabilities

were computed for the attitude toward substances subtest for this study, the alphas were .93. Furthermore, it was speculated that accurate data were reported by the subjects due to the anonymity factor.

According to French and Kaufman (1980) the case against using self-report data has been somewhat overstated. While it is true that respondents can distort or even falsify self-reports, a number of techniques (reported by French and Kaufman) exist for improving the general validity of self-report data. For example, the following techniques were implemented in this study to safeguard results:

1. Respondents were impressed with the importance of the evaluation, especially the importance of their contribution to it.
2. A trusting and open relationship with respondents was established before testing was begun.
3. It was clearly established that individual responses were kept confidential.
4. Consistency checks were used to detect false responses.

Sample

The sample for this naturalistic study was drawn from the student population of Northern Indiana High School, a middle-socioeconomic level school, located in northeastern Indiana. Seventy-eight individuals, fourteen to sixteen years of age, grouped heterogeneously in three intact ninth grade health classes served as the total sample population in this study. Although a true randomized sample could not be obtained, due to the size of the high school and administrative scheduling problems, the sample was highly diversi-

fied in that the three classes consisted of individuals from mixed intellectual, achievement and social levels. In fact, no one class contained all the college bound students, or all business students, or all vocational students. Also mainlined special education students were members of each class.

Experimental Group A. In this class (n=25) students experienced MTAWC (treatment). They were taught psychological education (psychosocial approach) learning activities found in MTAWC (see Appendix A); this group also received five sessions of substance information.

Experimental Group B. In this class (n=27) students also experienced MTAWC (treatment). Similarly, this group was taught the psychological education exercises found in MTAWC, however, no substance information was given to group B.

Control Group C. In this class (n=26) MTAWC was not experienced. This class was comparable to the experimental groups in grade level, age, sex, socioeconomic background, intelligence and achievement level.

Each experimental group met five days a week for 55 minutes and was taught by the researcher. The control group met the same amount of time, but followed the regular health curriculum and was instructed by their classroom teacher. Testing in all three groups was administered by the researcher. During experimental group sessions, the classroom teachers were present; they performed routine monitoring duties, i.e., attendance taking, announcement giving and discipline, if needed. Figure 3 summarizes group characteristics.

The original sample included 80 subjects, however, two subjects were dropped because of change of residence. Any subject whose absence exceeded

| Group | N | Sex | | Grade Age | Type of Class | Achievement Level | Time Group Met | Use of MIAWC | Special Conditions |
|----------------|----|-----|----|--------------|------------------|----------------------|-------------------|-------------------------------------------|-----------------------|
| | | M | F | | | | | | |
| A (test) | 25 | 11 | 14 | 9 14-16 | Health | Mixed | A.M. | 30 sessions: 55 minutes per session | None |
| B (test) | 27 | 11 | 16 | 9 14-16 | Health | Mixed | A.M. | 30 sessions: 55 minutes per session | None |
| C (control) | 26 | 10 | 16 | 9 14-16 | Health | Mixed | P.M. | Not at all | None |

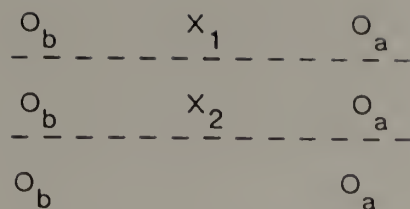
Figure 3. Characteristics of Test and Control Groups

five days was dropped from the study. The treatment period was 25 days, spaced within six weeks. Interruptions for holidays and dismissal due to weather conditions were disregarded, for this is a natural occurrence in the school setting.

The University of Massachusetts regulations concerning research involving human subjects were followed with regard to university policy and parental permission. Copies of the letters requesting consent from the school corporation and parents are found in Appendix C.

Design

One research design was used in this study. Since the individuals studied were members of intact health classes, randomization of treatment and control groups was not practical. However, test and control groups were as similar as availability permitted. Whenever researching under these conditions, in which groups are nonequivalent, respected researchers i.e., Campbell and Stanley (1966) and Cook and Campbell (1976) recommend the nonequivalent control group design as an appropriate research design. Therefore, the hypotheses of this study were studied using the pretest - posttest control group design recommended by the previously mentioned researchers. Using a notational system (Campbell & Stanley, 1966; Fitz-Gibbon & Morris, 1978) in which X represents the treatment, and O represents the measurement, the design of this study can be diagrammed as:



Care was taken to control for most threats to internal validity. Base-line differences of treatment and control groups were insignificant, as groups were selected to insure as much similarity as possible. The effects of selection, history, maturation, testing and instrumentation caused some problems which are discussed in Chapter V. Mortality was a minimal threat since attendance to intact classes was mandatory.

The interaction of testing and treatment; the interaction of setting and treatment, possibly threatened external validity. This will be discussed in the final chapter. The three intact classes were heterogeneously grouped which kept threats to external validity at minimal levels.

Data Collection

The data were collected by the researcher. As was previously mentioned, the researcher was in complete charge of the experiment from beginning to end. Not only did the researcher teach the groups, but arranged the logistics and administered all testing. Study anonymity was preserved at all times by assigning a code number, known only to the researcher and the concerned individual. Only code numbers were used on test instrument answer sheets. The code list was destroyed after the posttest follow-up was completed. Pretesting was administered during the first ten days in which the curriculum was taught. Posttesting occurred ten days after the curricular

sessions ended. Post follow-up occurred three months after the experiment ended.

Statistical Analysis

The effect of MTAWC with regard to the stated hypotheses were measured, depending on the type of variable being tested, by the statistical tests of the student's t-test or chi square. Gain scores compared treatment and control groups with regard to the mean differences between pretest and posttest scores. The statistical significance level was set at $p = .05$. The statistical analysis for this study was executed by computer using the Statistical Package for the Social Studies (SPSS).

Summary

This study attempted to compare the effects of MTAWC, a psycho-social approach to substance prevention, on individuals, ages 14-16, from selected classrooms at Northern Indiana High School. The twenty-five day treatment was administered by the researcher. Subtests of the High School Students' Opinion, Attitude, Knowledge and Experience Concerning Drugs Questionnaire served as a pretest - posttest measure of the subject's knowledge of drugs, attitudes of drugs and experience (use) with drugs. Further, the Offer Self-Image Questionnaire For Adolescents served as a pretest - posttest measure of the subject's self-esteem. The responses from these measurements were tested either by student's t-test or chi square.

CHAPTER IV

FINDINGS OF THE DATA

Overview

The purpose of this study was to compare the effects of the Moving Through Adolescence With Confidence Curriculum with regard to substance knowledge, substance attitudes, substance experience, and self-esteem of individuals from selected classrooms at Northern Indiana High School. Four hypotheses were formulated for testing; findings related to the testing of each hypothesis will be discussed in this chapter. Moreover, demographic characteristics of the sample, and an overview of the three groups in which the individuals of this study were assigned are given. A comparison of pre-test and posttest gain scores for the sample are reported. When appropriate the data were analyzed by student's t-test; to compare the frequency of user - non-user across groups with regard to drug experience, the chi square test was utilized. Summary findings are also reported.

Demographic Information

In Table 1 the demographic characteristics of the sample are given. The sample of this study was composed of 32 males (41%) and 46 females (59%); 56 (71.8) lived with both father and mother, while 22 (28.2%) resided with people other than both parents. Seventy-two (92.3%) were classified as ninth grade students; whereas, six (7.7%) were classified as

TABLE 1
DEMOGRAPHIC CHARACTERISTICS OF STUDY SAMPLE
BY NUMBER AND PERCENT

| Age | | | Sex | | Grade | | Grade Point Average | | | | |
|--------|------|--------|------|------|--------|-------|---------------------|------|--------|--------|-----|
| 14 | 15 | 16 | M | F | 9 | 10 | A | B | C | D | F |
| 38 | 32 | 8 | 32 | 46 | 72 | 6 | 12 | 32 | 24 | 10 | 0 |
| (48.7) | (41) | (10.3) | (41) | (59) | (92.3) | (7.7) | (15.4) | (41) | (30.8) | (12.8) | (0) |

n=78

TABLE 2
RELIGIOUS PREFERENCE OF SAMPLE BY NUMBER AND PERCENT

| Religious Preference of Subject | | | Religious Preference of Mother | | | Religious Preference of Father | | |
|---------------------------------|--------|--------|--------------------------------|--------|--------|--------------------------------|--------|--------|
| Cath | Prot | Other | Cath | Prot | Other | Cath | Prot | Other |
| 19 | 26 | 33 | 19 | 25 | 34 | 17 | 23 | 38 |
| (24.4) | (33.3) | (42.3) | (24.4) | (32.1) | (43.6) | (21.8) | (29.5) | (48.7) |

n=78

tenth graders. The vast majority of the sample were in the age bracket of 14-16 years of age (89.7%); whereas, 8 subjects (10.3%) were age 16. Academically 12 (15.4%) of the subjects posted a grade point average of "A," 32 (41%) posted a "B" average; 24 (30.8%) posted a "C" average, and 10 (12.8%) posted "D" average grades. No subject posted a cumulative grade of "F." Table 2 presents the religious preference of the sample. Nineteen (24.4%) reported Catholic as their religious preference; 26 (33.3%) reported Protestant, and 33 (42.3%) stated their religious preference as other.

Summary of Groups

Group A. Group A was composed of 25 (11 male and 14 female) students with mixed achievement and social levels, who were assigned non-randomly to a ninth grade health class. The researcher taught the MTAWC Curriculum for six weeks; sessions were conducted daily for 55 minutes during November through mid-January. On five occasions Group A individuals were presented instructional information with regard to drug substances. These sessions consisted of substance use and abuse films, mini lectures on alcohol, cigarettes and drug classifications. The classroom teacher was present for every class session but did not interfere with the treatment.

Group B. Group B was composed of 27 (11 male and 16 female) students with mixed achievement and social levels, who were assigned non-randomly to a ninth grade health class. Likewise, the researcher taught the MTAWC Curriculum for six weeks; sessions were conducted daily for 55 minutes during November through mid-January. The classroom teacher was present during each

session, but had no teaching responsibilities. No substance information was disseminated to Group B.

Group C. The control class, Group C, was composed of 26 (10 males and 16 female) students who were assigned non-randomly to a ninth grade health class. These students were likewise of mixed achievement and social levels. The teacher with fifteen years of experience instructed the control group in the regular ninth grade health curriculum.

Testing Hypothesis 1

The first hypothesis tested in this study stated that individuals, ages 14-16, from selected classrooms at Northern Indiana High who experience the MTAWC Curriculum will score higher on the drug knowledge subtest, than a comparable group of students who do not experience MTAWC.

Table 3 presents a pretest - posttest summary of the mean scores of the sample with regard to the drug knowledge subtest, the substance attitude subtest, and the self-esteem test. This table indicates the mean scores of both test and control groups with regard to the High School Students' Opinion, Attitude, Knowledge and Experience Concerning Drugs Questionnaire, and the Offer Self-Image Questionnaire for Adolescents. Means, standard deviations and size of group are given in this table.

The seventy-eight subjects who made up the sample population for this study, were administered the drug knowledge subtest of the High School Students' Opinion, Attitude, Knowledge and Experience Concerning Drugs Questionnaire. The comparative results of this pretest are presented in Table 4 which summarizes the data obtained in testing for Hypothesis 1.

Means, standard deviation, T-values, degrees of freedom, and probability of significance are given for all three groups in this table.

TABLE 3
SUMMARY OF MEAN SCORES BY GROUP WITH REGARD TO
DRUG KNOWLEDGE, DRUG ATTITUDE, AND SELF-ESTEEM

| | Group A | | | Group B | | | Group C | | |
|------------------|---------|------|----|---------|-------|----|---------|-------|----|
| | Mean | s.d. | n | Mean | s.d. | n | Mean | s.d. | n |
| Pre Knowledge | 7.16 | 3.63 | 25 | 6.30 | 3.38 | 27 | 9.77 | 3.55 | 26 |
| Post Knowledge | 15.40 | 2.60 | 25 | 8.26 | 2.94 | 27 | 8.73 | 4.09 | 26 |
| Pre Attitude | 95.76 | 20.1 | 25 | 89.81 | 15.35 | 27 | 96.65 | 14.18 | 26 |
| Post Attitude | 96.64 | 18.7 | 25 | 85.15 | 15.60 | 27 | 96.58 | 15.53 | 26 |
| Pre Self-Esteem | 27.38 | 3.73 | 22 | 26.25 | 4.19 | 25 | 24.95 | 4.0 | 24 |
| Post Self-Esteem | 28.83 | 4.42 | 22 | 26.53 | 4.80 | 25 | 25.10 | 4.26 | 24 |

TABLE 4
COMPARISON OF PRETEST MEAN SCORES ON THE DRUG
KNOWLEDGE SUBTEST BY GROUP

| Comparison | Means | S.D. | T-Value | Degrees of Freedom | P | N |
|-----------------------------------|----------------------|----------------------|---------|--------------------|-------|----------------|
| Group A vs Group B | 7.16 6.30 | 3.63 3.38 | .89 | 50 | .378 | 25 27 |
| Group A vs Group C | 7.16 9.77 | 3.63 3.55 | -2.60 | 49 | .01* | 25 26 |
| Group B vs Group C | 6.30 9.77 | 3.38 3.55 | -3.65 | 51 | .001* | 27 26 |
| Group A, Group B vs Group C | 7.16 6.30 9.77 | 3.63 3.38 3.55 | 3.59 | 75 | .001* | 25 27 26 |

* Significant at the $< .05$ level of confidence

These data show a .86 of a point difference between the means of the two treatment groups (A & B); 2.71 points difference between the means of Group A and the control Group C; and, 3.47 points difference between the means of Group B and the control Group C. An inspection of these data indicate that at baseline the two treatment groups were equivalent with regard to level of performance. However, a significant difference at the .001 level of confidence occurred between the two test groups and the control group.

Further inspection of Table 4 clearly indicates that a statistical difference (p .01) occurred between Group A and the control group; a statistical difference (p .001) between Group B and the control group was

observed; and, when Group A and B were compared to the control group (C), a statistical difference ($p .001$) was reported.

In Table 5 the posttest comparisons for the drug knowledge subtest are given. Even a casual inspection of these data indicate, with exception of Group B vs C, that the groups were significantly different at posttest. The results of this posttest indicated a 7.14 point difference between the means of the two treatment groups (A & B); a 6.67 point difference between the means of Group A and the control group; and, only a .5 of a point difference occurred between the means of Group B and the control group which did not result in a statistical difference. The data in Table 5 also show that when Group A and B were compared with control Group C, a significant difference ($p < .05$) occurred.

TABLE 5
COMPARISON OF POSTTEST MEAN SCORES ON THE DRUG
KNOWLEDGE SUBTEST BY GROUP

| Comparison | Means | S.D. | T-Value | Degrees of Freedom | P | N |
|-----------------------------------|----------------------|-------------------|---------|--------------------|--------|----------------|
| Group A vs Group B | 15.4 8.26 | 2.6 2.9 | 9.25 | 50 | .000 * | 25 27 |
| Group A vs Group C | 15.4 8.73 | 2.6 4.1 | 6.93 | 49 | .000 * | 25 26 |
| Group B vs Group C | 8.26 8.73 | 2.9 4.1 | -.48 | 51 | .631 | 27 26 |
| Group A, Group B vs Group C | 15.4 8.26 8.73 | 2.6 2.9 4.1 | -3.94 | 75 | .000 * | 25 27 26 |

* Significant at the $< .05$ level of confidence

In view of the findings reported by Group A, there is evidence to support the hypothesis that substance knowledge scores reported by individuals who experienced the MTAWC Curriculum increased more than individuals who did not experience MTAWC. It was expected that control Group C would score higher at pretest (which it did with regard to Group B), because Group C followed the regular health curriculum which included a unit on drug education. It was likewise expected that Group B would score lower both a pretest and posttest because drug education was not part of the treatment Group B received.

Testing Hypothesis 2

Hypothesis 2 stated that individuals, ages 14–16, from selected classrooms at Northern Indiana High who experience MTAWC will report a more negative attitude toward substance use, than a comparable group of individuals who do not experience MTAWC. An inspection of Table 3, earlier presented on page 68, reveals the pretest and posttest mean differences which occurred on the High School Students' Opinion, Attitude, Knowledge, and Experience Concerning Drugs Questionnaire. This table indicates the mean scores, the standard deviations and the size of groups for the entire sample. These data show at pretest a 5.95 point difference between the means of the two treatment groups (A & B); a $-.89$ point difference between Group A and the control group C; and, a -6.84 point difference between the means of Group B and the control group C. No statistical difference among the groups was indicated at pretest, thus all three groups of the sample were equivalent at pretest with regard to attitude toward substances.

Table 6 reports the data obtained in testing for Hypothesis 2, which subjected the data to the student's t-test to compare the differences between treatment and control groups with regard to the substance attitude subtest. The means, standard deviation, T-values, degrees of freedom and probability of significance are given in the table.

TABLE 6
COMPARISON OF PRETEST MEAN SCORES ON THE
ATTITUDE SUBTEST BY GROUP

| Comparison | Mean | S.D. | T-Value | Degrees of Freedom | P | N |
|-----------------------------------|-------------------------|------------------------|---------|--------------------|-------------------|----------------|
| Group A vs Group B | 95.76 89.81 | 20.1 15.35 | 1.20 | 50 | .234 ^a | 25 27 |
| Group A vs Group C | 95.76 96.65 | 20.1 14.18 | -.18 | 49 | .855 ^a | 25 26 |
| Group B vs Group C | 89.81 96.65 | 15.35 14.18 | -1.68 | 51 | .10 ^a | 27 26 |
| Group A, Group B vs Group C | 95.76 89.81 96.65 | 20.1 15.35 14.18 | .97 | 75 | .337 ^a | 25 27 26 |

^aNot significant at the .05 level of confidence

An inspection of Table 6 shows that at baseline the three groups were equivalent, with regard to performance on the attitude toward substances subtest, since there were no significant mean differences among the groups.

In Table 7 the posttest comparisons of the substance attitude subtest are given. An inspection of these data indicated that Group A and B are

significantly different at the .02 level of confidence. No difference occurred between Group A and C. A difference at the .01 level of confidence occurred between Group B and C. When the two treatment groups (A & B) were compared to control Group C, no difference was reported. Since no significance occurred between treatment Group A and the control group; and, reverse results were reported between treatment Group B and the control, with the control group being significantly different at the .01 level; Hypothesis 2, therefore, was not supported by the findings at posttest.

TABLE 7
COMPARISON OF POSTTEST MEAN SCORES ON THE
ATTITUDE SUBTEST BY GROUP

| Comparison | Mean | S.D. | T-Value | Degrees of Freedom | P | N |
|-----------------------------------|-------------------------|----------------------|---------|--------------------|------|----------------|
| Group A vs Group B | 96.64 85.15 | 18.7 15.6 | 2.41 | 50 | .02* | 25 27 |
| Group A vs Group C | 96.64 96.58 | 18.7 15.5 | .01 | 49 | .99 | 25 26 |
| Group B vs Group C | 85.15 96.58 | 15.6 15.5 | -2.67 | 51 | .01* | 27 26 |
| Group A, Group B vs Group C | 96.64 85.15 96.58 | 18.7 15.6 15.5 | 1.42 | 75 | .159 | 25 27 26 |

* Significant at the $< .05$ level of confidence

Table 8 presents the reliability correlation (alphas) of items on the attitude toward substances subtest.

TABLE 8
ATTITUDE TOWARD SUBSTANCES ITEM-TOTAL CORRELATION
(ALPHAS)

| Statement | r |
|--------------------------------------------------------------------------------------------------|-----|
| It's OK for kids to buy alcohol if they can get away with it. | .93 |
| Too much fuss is made about alcohol | .93 |
| Drinking alcohol is a waste of money. | .93 |
| People who use alcohol often make fools of themselves. | .93 |
| It should not concern anybody else if a person wants to get drunk. | .93 |
| Drinking alcohol should be considered the same as the use of other drugs | .93 |
| Teenage drinking is a serious problem. | .93 |
| Alcohol helps you get over problems. | .93 |
| Teenagers who do not drink should be respected more by their classmates than those who drink. | .93 |
| Alcohol is a good thing to loosen the atmosphere at a party. | .93 |
| The government should put tighter controls on the sale of alcohol. | .93 |
| There is nothing wrong with getting really drunk once in a while. | .93 |
| It's a sign of manliness to be able to hold your liquor. | .93 |
| People should not be pressured to drink if they don't want to. | .93 |
| I admire people who like to get stoned. | .93 |
| Taking any kind of dope is a pretty dumb idea. | .93 |
| I would like the change to get high on drugs. | .93 |
| If I were a parent I wouldn't mind if my kids get high once in a while. | .93 |
| It's OK to try drugs once or twice just to see what they are like. | .93 |
| There is really nothing wrong with using most drugs. | .93 |
| I would not use drugs even if they were legal and easy to get. | .93 |
| I don't need drugs to feel good. | .93 |
| It's OK for a person to use drugs if they make him/her feel good. | .93 |
| People who use drugs are a burden to society. | .93 |

Testing Hypothesis 3

Hypothesis 3 stated that individuals, ages 14-16, from selected classrooms at Northern Indiana High who participate in MTAWC will report less experience with marijuana, alcohol, tobacco, than a comparable group of individuals who do not experience MTAWC. Table 9, Table 10, Table 11, and Table 12 summarizes the data obtained in testing for Hypothesis 3. The nonparametric statistic of chi square was calculated with regard to the data in order to compare the frequency of user/non-user across groups with regard to substance use as reported on the experience subtest of the High School Students' Opinion, Attitude, Knowledge and Experience Concerning Drugs Questionnaire. In addition to frequency, these tables further report chi square values, degrees of freedom, percent and probability of significance.

In Table 9 a comparison of marijuana use by group at pretest and posttest are given. An inspection of Table 9 reveals that no statistical significance at the .05 level of confidence occurred at pre or posttesting.

Table 10 reports the findings for alcohol use by group at pretest and posttest. This table shows that all three groups were equivalent at pretest and remained stable at posttest as no statistical differences occurred.

The results of the comparative differences between treatment and control groups with regard to tobacco are given in Table 11. An inspection of these data indicate no significant differences at the .05 level at either pre or posttest.

In Table 12 a summary of the follow-up findings three months after the study ended are given. With the exception of alcohol use, which reported a difference ($p < .05$), no significant differences among the groups were re-

TABLE 9
A PRETEST - POSTTEST COMPARISON OF MARIJUANA USE
BY GROUP SHOWING FREQUENCY AND PERCENT

| Pretest | | | | Posttest | | | |
|------------|--------------|--------------|----|------------|--------------|--------------|----|
| Comparison | User | Non-user | N | Comparison | User | Non-user | N |
| Group A | 5 (20) | 20 (80) | 25 | Group A | 6 (24) | 19 (76) | 25 |
| Group B | 6 (22.2) | 21 (77.8) | 27 | Group B | 6 (22.2) | 21 (77.8) | 27 |
| Group C | 3 (11.5) | 23 (88.5) | 26 | Group C | 3 (11.5) | 23 (88.5) | 26 |
| Total | 14 (17.9) | 64 (82.1) | 78 | Total | 15 (19.2) | 63 (80.8) | 78 |

Chi Square = 1.13
Degrees of freedom = 2
P = .568

Chi Square = 1.51
Degrees of freedom = 2
P = .469

ported in marijuana and tobacco use. Alcohol experience was different particularly with Group A which reported a reduction in use from pre and posttest.

Hypothesis 3 was supported only with regard to alcohol use of treatment Group A, and that was at the follow-up testing. Otherwise, treatment and control groups remained stable with regard to marijuana, alcohol and tobacco.

TABLE 10
A PRETEST - POSTTEST COMPARISON OF ALCOHOL USE
BY GROUP SHOWING FREQUENCY AND PERCENT

| Pretest | | | | Posttest | | | |
|------------|--------------|--------------|----|------------|--------------|--------------|----|
| Comparison | User | Non-user | N | Comparison | User | Non-user | N |
| Group A | 14 (56) | 11 (44) | 25 | Group A | 14 (56) | 11 (44) | 25 |
| Group B | 21 (77.8) | 6 (22.2) | 27 | Group B | 20 (74.1) | 7 (25.9) | 27 |
| Group C | 18 (69.2) | 8 (30.8) | 26 | Group C | 20 (76.9) | 6 (23.1) | 26 |
| Total | 53 (67.9) | 25 (32.1) | 78 | Total | 54 (69.2) | 24 (30.8) | 78 |

Chi Square = 2.86
Degrees of freedom = 2
P = .239

Chi Square = 3.07
Degrees of freedom = 2
P = .215

TABLE 11
A PRETEST - POSTTEST COMPARISON OF CIGARETTE USE
BY GROUP SHOWING FREQUENCY AND PERCENT

| Pretest | | | | Posttest | | | |
|------------|--------------|--------------|----|------------|--------------|--------------|----|
| Comparison | User | Non-user | N | Comparison | User | Non-user | N |
| Group A | 6 (24) | 19 (76) | 25 | Group A | 7 (28) | 18 (72) | 25 |
| Group B | 8 (29.6) | 19 (70.4) | 27 | Group B | 8 (29.6) | 19 (70.4) | 27 |
| Group C | 7 (26.9) | 19 (73.1) | 26 | Group C | 9 (34.6) | 17 (65.4) | 26 |
| Total | 21 (26.9) | 57 (73.1) | 78 | Total | 24 (30.8) | 54 (69.2) | 78 |

Chi Square = .209
Degrees of freedom = 2
P = .90

Chi Square = .287
Degrees of freedom = 2
P = .866

TABLE 12
A COMPARISON OF MARIJUANA, ALCOHOL, CIGARETTE USE
AT FOLLOW-UP BY GROUP SHOWING
FREQUENCY AND PERCENT

| Marijuana | | | Alcohol | | Cigarettes | | |
|------------|--------------|--------------|--------------|--------------|--------------|--------------|----|
| Comparison | User | Non-user | User | Non-user | User | Non-user | N |
| Group A | 4 (18.2) | 18 (81.8) | 10 (45.5) | 12 (54.5) | 9 (40.9) | 13 (59.1) | 22 |
| Group B | 5 (19.2) | 21 (80.8) | 22 (84.6) | 4 (15.4) | 7 (26.9) | 19 (73.1) | 26 |
| Group C | 3 (12) | 22 (88) | 19 (76) | 6 (24) | 4 (16) | 21 (84) | 25 |
| Total | 12 (16.4) | 61 (83.6) | 51 (69.9) | 22 (30.1) | 20 (27.4) | 53 (72.6) | 73 |

Chi Square = .56

d.f. = 2

P = .76

Missing cases = 5

Chi Square = 9.36

d.f. = 2

P = .01*

Missing cases = 5

Chi Square = 3.66

d.f. = 2

P = .16

Missing cases = 5

* Significant at the $<.05$ level of confidence

Testing Hypothesis 4

The last hypothesis of this study stated that individuals, ages 14-16, from selected classrooms at Northern Indiana High School who participate in

the MTAWC Curriculum will report an increase in self-esteem, than a comparable group of individuals who do not experience the curriculum. An inspection of Table 3, earlier presented on page 68, reveals the pretest and posttest mean differences which occurred on the Offer Self-Image Questionnaire for Adolescents. This table indicates the mean scores, the standard deviations and the size of groups for the seventy-one individuals who were administered the Offer Test (five missing cases due to nonattendance on the day of administration). These data report at pretest a 1.13 point difference between the means of the two treatment groups (A & B); a 2.43 point difference between the means of Group A and control Group C; a 1.30 point difference between the means of Group B and the control group. An inspection of these data indicate that at baseline all groups were equivalent, with the exception of Groups A and C, with regard to level of performance.

Table 13 summarizes the data obtained in testing for Hypothesis 4, which utilized the student's t-test to compare the differences between treatment and control groups with regard to self-esteem at pretest. The means, standard deviation, T-values, degrees of freedom and probability of significance are given in the table. An inspection of Table 13 indicates that Group A and the control group were near the .05 level of significance. Group B and the control group were equivalent with regard to level of performance. Thus, the groups, although close, were not equivalent at pretest.

The data summarized in Table 14 presents posttest comparisons for the self-esteem test. No significance was reported for treatment groups A and B. Difference occurred at the .006 level of confidence between treatment Group A and the control group. There were no reported differences between treatment Group B and the control group.

The data in Table 13 and in Table 14 report that Hypothesis 4 of this study was not supported by testing.

TABLE 13
COMPARISON OF PRETEST MEAN SCORES ON THE OFFER
SELF-IMAGE QUESTIONNAIRE FOR ADOLESCENTS
BY GROUP

| Comparison | Mean | S.D. | T-Value | Degrees of Freedom | P | N |
|-----------------------|----------------|--------------|---------|--------------------|------------------|----------|
| Group A vs Group B | 27.38 26.25 | 3.73 4.19 | .97 | 45 | .34 | 22 25 |
| Group A vs Group C | 27.38 24.95 | 3.73 4.00 | 2.12 | 44 | .04 [*] | 22 24 |
| Group B vs Group C | 26.25 24.95 | 4.19 4.00 | 1.11 | 47 | .28 | 25 24 |

* Significant at the $\leq .05$ level of confidence

TABLE 14
COMPARISON OF POSTTEST MEAN SCORES ON THE OFFER
SELF-IMAGE QUESTIONNAIRE FOR ADOLESCENTS
BY GROUP

| Comparison | Mean | S.D. | T-Value | Degrees of Freedom | P | N |
|-----------------------|----------------|------------|---------|--------------------|-------|----------|
| Group A vs Group B | 28.83 26.53 | 4.4 4.8 | 1.70 | 45 | .10 | 22 25 |
| Group A vs Group C | 28.83 25.10 | 4.4 4.3 | 2.91 | 44 | .006* | 22 24 |
| Group B vs Group C | 26.53 25.10 | 4.8 4.3 | 1.10 | 47 | .28 | 25 24 |

* Significant at the $\leq .05$ level of confidence

Summary

Results from student's t-test calculated in the testing of Hypothesis 1 verified that treatment groups (A & B) were equivalent with regard to drug knowledge at pretest. However, difference ($p .01$) was observed when treatment Group A was compared with the control group; moreover, difference was reported between treatment Group B and the control group at the .001 level of confidence. At posttest treatment groups (A & B) were different at the $\leq .05$ level of significance. In addition, a difference was observed between Group A and the control group ($p \leq .05$). No difference was reported between treatment Group B and the control group. With regard to treatment Group A,

Hypothesis 1 was supported in that at posttest differences were reported; treatment Group B was not effective with regard to Hypothesis 1.

Results from the analyzed data with regard to the testing of Hypothesis 2 showed that all groups (treatment and control) were equivalent with regard to attitude toward substances at pretest. At posttest a significant difference ($p .02$) was observed between treatment Groups A and B. No difference was reported between treatment Group A and the control group. However, treatment Group B and the control group were different at the .01 level. No difference occurred when both treatment groups were compared to the control group. Hypothesis 2 was not fully supported after the data were subjected to testing.

Hypothesis 3 studied the extent of the use of three recreational substances: marijuana, alcohol and cigarettes. Results of chi square which compared the frequency of use/non-use across groups revealed that treatment (A & B) and control groups were equivalent at pretest with regard to marijuana, alcohol and cigarettes. At posttest all groups remained stable as no differences were reported. However, at follow-up, one exception emerged: Group A reported a significant difference ($p < .05$) with regard to alcohol use. Therefore, Hypothesis 3 was supported by Group A only in regard to alcohol use at follow-up.

Findings from the student's t-test calculated in the testing of Hypothesis 4 verified that treatment groups (A & B) were equivalent with regard to self-esteem at pretest. Treatment Group A and the control group were not equivalent but no difference was seen in Group B and the control group. At posttest treatment Groups A and B remained stable; whereas, difference ($p < .05$) occurred between control Group C and Group A. No difference occurred at

posttest between treatment Group B and the control group. When Groups A and B were compared to the control group, no difference was observed. Hypothesis 4 was not supported after the data were subjected to statistical analysis.

CHAPTER V

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

Discussion

The sample for this naturalistic study was composed of 78 individuals, ages 14-16, from selected classrooms who attended a small Indiana high school. The majority of the sample population were ninth graders, of mixed intelligence, achievement and social backgrounds. Although most of the cohorts lived in a small town, some lived in rural areas and were transported to school by bus. During the course of the six weeks in which the study was conducted, absenteeism was not a problem, however, subjects who missed more than five days of school were dropped from the study. Subjects were cooperative and genuinely appeared excited about their participation in the study. Because of the size of the school, it was highly probable that individuals from the two treatment groups conversed with individuals who composed the control group. The internal validity of this study with regard to the variables, drug knowledge and attitude toward substances may have skewed the findings due to the fact that the control group was instructed in the regular health curriculum, which included a unit on drug education. Also interaction could further have been threatened because the setting was not identical for all three groups; groups met in different classrooms; treatment Group B met in the same classroom in which the control group was being instructed in the regular health curriculum. External factors, e.g.,

bulletin boards and chalk boards could have influenced the way in which individuals reacted to some of the variables being tested.

Hypothesis 1. Hypothesis 1 was tested for any comparative effects between treatment and control groups with regard to drug knowledge. At pretest it was not surprising when the control group received higher scores on the drug knowledge test, in as much as individuals in the control group were members of the intact health class which was following the regular course of studies.

It was speculated that individuals in treatment Group A would show a significant difference at posttest; differences did occur at posttest. Whereas, a difference was reported between the control group and treatment Group B, only a .5 of a point separated the two means at posttest. It was speculated that recidivism on the part of the control group, and interaction on the part of Group B contributed to these findings. Group B was not expected to show any differences with regard to drug knowledge at posttest.

Individuals in treatment Group A dramatically raised their drug knowledge scores at posttest. A difference of 8.24 points was observed between scores at pre and posttest. An interesting observation is that the drug information which Group A received was delivered in a very "low key" manner. The classroom teacher of Group A voluntarily expressed his subjective opinion with regard to this change. He remarked that individuals in Group A were more relaxed, less uptight and more open than students he had taught in previous classes. He expressed this situation was a result of the positive, trustful, nonthreatening environment which was created by the researcher and the very nature of the MTAWC Curriculum. The findings reported by individuals in Group A support the experience of Schaps et al. (1981) who

noted that substance information balanced with other prevention strategies has value.

Hypothesis 2. It was speculated with regard to Hypothesis 2 that after treatment, test groups would report more negative attitudes toward substances. An inspection of the data presented in Chapter 4 clearly showed that all groups were equivalent at baseline. Treatment Group B was clearly different at posttest. Also Treatment Group A and the control group exhibited more negative attitudes toward substances than individuals in Group B. Difference in both cases was observed at $p = < .05$. The reasons for these findings may have been partially due to the drug information received by Group A and the regular health instruction given to the control group.

Extraneous issues may have entered into Group B reporting lower scores, which was the reverse of what was expected, on the attitude toward substances subtest. For example, the high school was experiencing losing seasons with regard to interscholastic athletic competition. Several members of Group B were highly involved in the sports program, either as player, cheerleader or spectator. Not only was school morale low for students, but it likewise effected faculty who were working without a contract. As the researcher observed the three groups, Group B seemed to be more effected with the morale issue than the other two groups. The attitude of the classroom teacher in Group B especially became hostile near the end of the study (not with regard to students but to the overall negative school situation), which may have had a negative effect on the individuals within that particular group.

Hypothesis 3. Hypothesis 3 tested the effect of MTAWC with regard to the

use of marijuana, alcohol and cigarettes. All groups were equivalent with regard to marijuana, alcohol and cigarettes at pretest. No difference occurred between treatment and control groups at posttest; all groups remained stable with regard to the use of marijuana, alcohol and cigarettes. It was not surprising to find marijuana use among the sample at a minimal level, since recent studies (Johnston et al., 1981) reported trends which showed a decline in the use of marijuana by high school students.

Although no difference was reported with regard to alcohol in this study, data in Chapter IV (over 60% of the sample population reported using alcohol) support trends in higher alcohol use by high school students as reported in the Johnston et al. (1981) study.

A difference ($p < .05$) with regard to alcohol use was reported by Group A at follow-up, thus, giving some support to Hypothesis 3.

Hypothesis 4. Although the sample was close to being equivalent at pretest, the control group reported better adjustment ($p .04$) with regard to treatment Group A. At posttest all groups remained stable with regard to self-esteem, with exception (again) of treatment Group A and the control group; the control group reported better adjustment at the $< .05$ level of confidence. In effect, Hypothesis 4 was not supported by the findings of this study; no significant differences were reported.

It is possible, perhaps, remotely, that individuals in treatment Group A responded more honestly to the self-esteem measurement at posttest, therefore, causing their scores to reflect poorer adjustment. Moreover, it was speculated that MTAWC may have helped to raise the consciousness level of individuals with regard to acceptance of self at its present state of development. Subtle changes in self-esteem are difficult to test, a fact that may

have contributed to Hypothesis 4 being rejected.

Even though researchers such as Streit (1981) reported self-esteem to be linked with substance abuse, other researchers have found it difficult to draw conclusive and statistical results when studying self-esteem with regard to substance abuse. Kandel (1978) in particular reported that more longitudinal studies are needed to obtain more concrete findings with regard to substance abuse.

Conclusions

The results of this study seemed to indicate clearly that genuine differences with regard to self-esteem, substance knowledge, substance attitudes, and experience with marijuana, alcohol and cigarettes did not exist with individuals who participated in MTAWC and those who did not. Broadly speaking no differences were found. Two exceptions occurred: drug knowledge at posttest and alcohol use at follow-up reported differences.

It must be borne in mind that the findings of this investigation were limited to selected individuals from a small, middle-socioeconomic level high school. Similar outcomes might not occur with individuals who attend large metropolitan high schools, or with individuals from low socioeconomic inner city schools.

Other aspects of the findings also suggested that conclusions must be drawn with caution. For example, Cook and Campbell (1976) pointed out that social sciences are not blessed with powerful, precise theories or reliable instruments with which to measure observational data.

It is possible that the Offer Self-Image Questionnaire For Adolescents

may not have been sensitive enough to measure the subtle changes which occur in self-esteem. An interesting observation was to note that nearly half (42.3%) of the sample, regardless of group composition, failed to report improvement in self-esteem on the OSIQ measure. Likewise, the High School Students' Opinion, Attitude, Drug Knowledge and Experience Concerning Drugs Questionnaire may not have been sensitive enough to measure distinct changes in drug knowledge, drug attitudes and experience with drugs of the individuals studied.

Other studies (Goodstadt, 1974; Moss, 1981; Randall & Wong, 1976; Schaps et al., 1981) in which psychosocial and other prevention programs were evaluated discovered that positive outcomes were very difficult to report; that "hard" data seems to elude the researchers of drug prevention programs. It is virtually impossible, as a recent NIDA (1982) report pointed out, to establish a pure cause and effect relationship between drug abuse and any particular aspect of human development or personality.

Certainly the researcher is disappointed that the hypotheses of this study were not supported by the findings; yet, it is the hope of the researcher that future investigation will overcome the limitations of this study (and previous studies for that matter) and will establish more predictable guidelines for the evaluation of substance prevention programs, approaches and strategies, especially with regard to the public school setting in the United States.

Recommendations

Because of the limitations of this study and the questions raised by

the findings, the following recommendations for further research are offered:

1. This research should be replicated using measurement instruments which are adequately sensitive to the subtle changes in self-esteem, substance knowledge, attitude and experience.
2. The efficacy of utilizing the Moving Through Adolescence With Confidence Curriculum with elementary, middle school students as participants is worthy of investigation. In addition, the sample population should be expanded to include suburban, urban and minority subjects.
3. It is recommended that more concrete variables be formulated with which to test the impact of MTAWC on individuals of junior-high school age.
4. Self-esteem instruments which are sensitive to the subtle changes in one's personhood need to be constructed and evaluated with respect to usefulness and practicability. Furthermore, it is imperative that methodological experts construct instruments that reflect the dynamic, interactive nature of the individual growth process. Bryk and Weisberg (1977) acknowledged this issue when they reported that the mathematical model used to measure growth is a linear one. They assertively stated "the general linear model does not permit an adequate representation of many important psychological and social phenomena" (p. 961) Methods for analysis based on models of growth are critically needed when issues in the affective domain or any domain for that matter are studied.
5. Whenever feasible, psychosocial education curriculum studies should include the random assignment of individuals to treatment and control groups. Realistically, though, the researcher must acknowledge the fact that randomization is a Herculean task to arrange whenever

naturalistic studies are conducted; political, ethical, and practical issues of the setting restrict such implementation.

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APPENDIX A
MOVING THROUGH ADOLESCENCE WITH
CONFIDENCE CURRICULUM

MOVING THROUGH ADOLESCENCE

WITH CONFIDENCE

by

Jacqueline J. Carl

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Introduction

During the Spring of 1976, East Noble School Corporation, a school district in northeastern Indiana, expended time, effort and money to randomly sample its constituents regarding educational goals.

The Phi Delta Kappa Survey, as it was called, asked parents, students and teachers to rank order eighteen goals from most important to least important. Rising to the top after an extensive process, four goals delineated by the East Noble community were: (1) develop skills in reading, writing, speaking and listening; (2) gain a general education; (3) develop pride in work and a feeling of self worth; and (4) develop good character and self-respect.

In order to complement the implementation of number three and four, Jacqueline Carl, high school counselor, was asked to develop a program for ninth graders incorporating those goals. Thus, CARING COMMUNICATING COPING: A Self Awareness Program for Ninth Graders, later renamed MOVING THROUGH ADOLESCENCE WITH CONFIDENCE, came into being. Nine weeks in duration CARING COMMUNICATING COPING was delivered through the required freshman health course. Utilizing paradigms of group dynamics, values clarification and other psychological education techniques, the program was specifically designed to involve students in reflection, in dialogue, in writing, small group sharing and other experiential learning strategies.

As a veteran high school counselor, I keenly realized that many students lived in homes where they perceived themselves as "not being OK." As a result students often developed negative thinking patterns, negative life attitudes and negative perspectives about self. Once these negative patterns are programed in the mind, they are reinforced again and again, i.e., frustration over competitive sports, peer pressure, grades, home problems, school problems, job problems -- stress of every description and intensity. Societal forces compel not only students, but people in general to somehow cope daily with horrendous negative feedback and pervasive pressures.

Because young people are bewildered by change and conflict which confront them daily, some withdraw and try to shut out the confusion. Others conform and become only too willing to allow peers and other adults to tell them exactly what to think, believe and do. They relinquish their right to make choices and denigrate their ability to discover creative alternatives for life's dilemmas. The alarming number of people turning to cults and the Jonestown mass murders of 1979 vividly affirm this type of behavior. Those who do lash out, on the other hand, often smash anything and anyone who stand in their way. All too frequently in an attempt to escape reality, young people turn to drugs and alcohol as is evidenced by drugs and alcohol being a serious health problem for teenagers and adults in the United States.

Therefore, if young people, America's most vital natural resource, are to survive the complexities of today and the twenty-first century in which they will be living their professional/vocational lives, they assuredly need more "hands on" training and practical skill development in the affective domain.

As professional educators we must provide more experiences which include skill training in decision making, communication, choosing, generating creative alternatives, coping with the realities of life and accepting the consequences/responsibility of one's behavior.

Young people need the opportunity to "try out" and "try on" new behaviors, to internalize and to think issues through on their own. And this must be done without the fear of failure looking over their shoulder.

For many schools this training and opportunity remains apart of their "hidden curriculum" and is not actively offered to their student body.

To be skilled in human valuing is no less important than competence in reading, spelling or public speaking. These skills can be learned but must be taught in an atmosphere which respects each student's basic need for safety, belongingness, love, self-esteem, as well as the individual's need for information, knowledge and wisdom.

Anyone affiliated with public education in America today has seen the boredom and alienation, the crime, vandalism and victimization which pervades our schools. Surely all this data should somehow convey the notion that the psychological needs our students are not being met.

Maslow's Hierarchy of Needs.* Abraham Maslow theorized that certain needs are the primary influences of a person's behavior. Particular needs, according to Maslow, determine a person's behavior. The goal of the behavior is to reduce the need, or the tension or discomfort created by the need. Once a lower-order need is satisfied, at least partially, a person is then free enough to pursue a higher-order need.

Listed below is Maslow's Hierarchy of Needs with a brief description of each.

5. Self-actualization
4. Skill accomplishment
3. Love, belonging
2. Safety
1. ^{1. Basic needs (food, shelter)} Physical or basic needs must be met first: Maslow characterized these as primitive or immature in terms of the behavior they foster.
2. The next order is categorized roughly as the need for safety from external dangers, and for assurance that basic needs will continue to be met.
3. The third level of need is to belong, to receive love and affection and to be able to give love and affection.
4. Accomplishment (ego-status) needs are next. The need to develop skills, to accomplish, to "perform" -- to feel of value in the world.
5. Maslow categorizes the highest order of needs as self-actualization, or becoming what one can be; using one's talents and abilities to the fullest.

The MOVING THROUGH ADOLESCENCE WITH CONFIDENCE CURRICULUM does not attempt to impact on basic needs such as food, clothing, shelter, etc., although teachers should be aware of these needs. I believe the curriculum can have some impact on Maslow's third and fourth order needs; and, I recommend it to be used in junior and senior high schools as it is designed to help students develop self-constructive ways of getting their needs met.

Jacqueline Carl
 Auburn, Indiana
 1981

Curriculum Goals

Overall goal: to help students acquire those skills which lead to positive social behavior at school, at home and in the community.

1. To help students develop appreciation for and application of the creative potential which lies within each individual.
2. To help students learn and practice the skill of actively listening to other people.
3. To help students confront problem situations with non-blameful language and behavior.
4. To teach students the no-win/no-lose method of resolving conflict.
5. To help students relate with awareness and sensitivity to other human beings.
6. To help students learn coping processes in order to handle the pressures of home, school and society.
7. To help students appreciate their own capabilities and intelligence.
8. To help students learn to appreciate and respect the difference in us all.
9. To help students understand self with deeper awareness and insight.

VALUES PROVIDE A FRAME OF REFERENCE, A BASIC
COMPREHENSION OF REALITY THROUGH WHICH WE
INTEGRATE, EXPLAIN AND APPRAISE NEW IDEAS,
EVENTS, AND PERSONAL RELATIONSHIPS.

Diann Uustal

THE VALUES THEORY

First before going into the Values Theory let's establish a working definition of the word value/values. Values are a set of personal beliefs and attitudes about the truth, beauty, or worth of any thought, object or behavior. They are important to human existence because they are action oriented and producing. In addition values are always "in process" since they are ever changing as new data come into our lives.

Because each of us is an individual and in certain ways unlike anyone else, we cannot be certain what values, or what style of life are right for every person. However, we do have some ideas about what processes might be best for obtaining values. These processes are based on the idea that our values should help us relate to the world in a satisfying and intelligent way. The seven processes below must be followed if we are to say that our value is a **REAL** value. If any of the following criteria are omitted, we really cannot call our belief a value.

1. **FREELY:** Values must be freely selected if they are to be real values for the individual. If we are forced into choosing a value, the choice will probably not remain with us very long, especially when we are away from the authority that made us choose the value.

2. **FROM ALTERNATIVES:** Values are things that we freely choose. It follows from this that there can be no free choice if there is not a variety of choices available. For example, we do not value eating, because we must eat in order to stay alive; we have no choice. However, we may **value** certain types of food.

3. **CONSIDERATION - CONSEQUENCES OF ALTERNATIVES:** Legitimate values are not the result of quick decisions or carelessness. Real values emerge only when we have considered and weighed the results of each choice that is available. Thinking is essential to finding one's values. Understanding the consequences is a benchmark of the valuing process.

4. **CHERISHING:** We must be happy with our values and esteem them, respect them. Values must be chosen without reservation and freely. For example, we may choose to fight in war because the circumstances are such that we feel we have no other choice. This does not mean war is a value; values flow from choices we are glad to make.

5. **AFFIRMING:** If we have chosen something freely, after considering our choices; are proud of our choice; and are happy with it, we are likely to affirm that choice if someone asks us about it. We will proudly tell them that this is a value for us. If we are ashamed of a choice, it does not reflect a value.

6. **ACTION:** Our values show themselves in the way in which we live. We are likely to read about things we value, from friendships with people who have values like ours or spend money on choices that reflect our values. Nothing can be a value that does not, in fact, give direction to living. To talk about a value and not live it is to have something other than a value.

7. **REPETITION:** If something is a genuine value, we will follow it in different situations and different times. Values tend to show themselves in the things we do over and over again. Values have persistency; they become patterns in life; behavior is effected.

Clearly, not everything in life is a value, nor need it be. For example, goals, beliefs, purposes are evident in our living, yet they may not meet all seven of the valuing criteria. However, values could develop from goals, beliefs and purposes. These expressions are called value indicators because they are close to being values.

A partial list of other value indicators in life are:

Aspirations
Attitudes
Interests
Feelings
Convictions
Activities
Problems
Worries
Obstacles

Value rich - value conflict areas. Often our value system is found to be in conflict with that of another person. It is not uncommon to observe value collisions between parent and teenager.

Note the following areas in which abundant value - value conflict issues flourish.

| | | |
|----------------------------|-----------------------|-------------|
| Aging - death | Material possessions | Self |
| Culture (art, music, etc.) | Money | Time |
| Ecology | Personal tastes | Sex |
| Ethics | (clothes, hair, etc.) | Sexism |
| Family | Politics | Sex roles |
| Friendship | Race | War - peace |
| Future | Racism | Work |
| Health - nutrition | Religion - morals | |
| Leisure time | Rules - authority | |
| Love | School | |

CLARIFYING RESPONSES

Noted below are thirty clarifying responses which are helpful in processing values and value issues.*

1. Is this something that you prize?
2. Are you glad about that?
3. How did you feel when that happened?
5. Have you felt this way for a long time?
6. Was that something that you yourself selected or chose?
7. Did you have to choose that; was it a free choice?
8. Did you do anything about that idea?
9. Can you give me some examples of that idea?
10. What do you mean ...; can you define that word?
11. Where would that idea lead? What would be its' consequences?
12. Would you really do that or are you just talking?
13. Are you saying that ... (repeat the statement)?
14. Did you say that ... (repeat in some distorted way)?
15. Have you thought much about that idea (or behavior)?
16. What are some good things about that notion?
17. What do we have to assume for things to work out that way?
18. Is what you express consistent with ... (note something else the person said or did that may point to an inconsistency)?
19. What other possibilities are there?
20. Is that a personal preference or do you think most people should believe that?
21. How can I help you do something about your idea?
22. Is there a purpose back of this activity?
23. Is that very important to you?
24. Do you do this often?
25. Would you like to tell others about your idea?
26. Do you have any reasons for saying or doing that?
27. Would you do the same thing over again?
28. How do you know it's right?
29. Do you value that?
30. Do you think people will always believe that?

* From Values and Teaching by Rath, L. E., Harmin, M. , & Simon, S. B. Columbus: Charles E. Merrill, 1967.

EDUCATIONAL OBJECTIVE: Aim, or purpose of a course of action; that which is anticipated as desirable in terms of an outcome and which will help the educator to select, regulate and direct activities so that the total learning process is designed and integrated.

ENABLING BEHAVIOR: A teacher behavior which helps create a learning environment in which students can progress with increasing autonomy toward an objective.

GENERALIZATION: A statement, idea or principle which asserts something to be true either of all members of a certain class or of a particular part of that class -- a statement of relationships among conceptualized patterns of behavior.

INQUIRY: A strategy employed by teachers to help students to learn to solve problems by going through a structured thought process. An approach to the process of knowing (learning) which involved the learner's knowledge and use of multiple thinking processes in seeking solutions to problems. (The instructor remains non-judgmental and is often silent.)

INDUCTIVE THINKING: The act of reasoning in which the learner infers conclusions from a basic fact base (moving from specific to general).

LABELING: Indicating by word or phrase the description of a given group of people, objects, ideas or other phenomena. (The label itself is a concept.)

LEARNING: A highly general term for the relatively enduring change, in response to a task-demand, that is induced directly by experience. It may be taken to mean the processes whereby such change is brought about.

PROBLEM FOCUSING: A behavior in which the teacher directs attention to a problem that needs solving, an inconsistency that needs resolution, etc. A problem focus is frequently in the form of a question.

PROCESS: The random or ordered operations which can be associated with acquiring knowledge, utilizing or communicating knowledge, arriving at decisions or exercising intuition.

ROLE PLAYING: An action, problem-solving technique designed to explore human situations; an inquiry process for practicing decision-making.

SELF-ENHANCING EDUCATION: Communication techniques and processes that enhance.

SETTING: The context of a given investigation or study such as specific times, places, phenomena or particular people, issues and problems.

SILENCE: A behavior in which the teacher consciously permits and sustains periods in the classroom in which no one speaks; these periods give the students time in which to do their own problem solving.

SIMULATION: A specific technique which places the learner in a role-playing position and requires him to make decisions while responding to game procedures.

STRUCTURING: A behavior in which the teacher establishes ground rules; the freedoms and limitations under which the students will be expected to perform.

TEACHER BEHAVIOR: The acts performed by the teacher during the process of instruction such as structuring, focusing, accepting, clarifying, and facilitating the acquisition of data.

TEACHING STRATEGY: The carefully considered and evaluated plan of action the teacher used to reach the set objectives.

VALUING: The process of making a judgment about the worth or lack of worth of something.

GLOSSARY OF TERMS AND DEFINITIONS
USED IN VALUES EDUCATION

ACCEPTING: A teacher behavior which is uncensuring toward students. An accepting attitude implies an understanding of the student's feelings and behavior and recognition of his worth as an individual without condoning anti-social behavior.

AFFECTIVE DOMAIN: A highly generalized term which refers to the feeling aspects of behavior. Behavior associated with the term includes preferences, interests, values, attitudes and beliefs.

APPLICATION: The name for the thinking task in which students are asked to apply their skills and knowledge in a new situation.

ATTITUDE: An indication we may have a value by expressing a way of thinking or feeling verbally or non-verbally.

AUTONOMOUS LEARNER: A learner who acquires data, discovers relationships and accounts for such relationships by building their own explanations.

BEHAVIOR: The observable responses of an individual as they interact with other people or with their environment.

BEHAVIOR SHAPING: Indicates that someone is employing selected processes to reinforce or modify another individual's responses to other people or to situations in their own environment.

BEHAVIOR OBJECTIVES: The decisions made about what is to be learned under particular conditions and specifying what behavior the learner is expected to exhibit when he has achieved the objective.

CLARIFYING: A behavior in which the teacher probes for more information from the student in order to make both the teacher's and student's understanding clearer.

COGNITIVE DOMAIN: Deals with educational objectives related to the recall or recognition of knowledge and the development of intellectual abilities and skills.

COGNITIVE TASKS: Thinking tasks -- types of discussion to foster sequential learning experiences provided to lift the learner's level of thinking.

COMMUNICATION: The transmitting and receiving of information, signals, or messages from one organism to another by means of gestures, words or other symbols.

CONCEPT: A word, phrase or symbol representing a generalized idea of a class of objects, qualities or relationships based on one's experiences with instances of the class; may be relatively concrete to highly abstract.

CONFRONTATION MATERIALS: Materials which present a dilemma, or discrepant event, poses a problem or presents a puzzle, and which is sufficiently stimulating to generate interest and motivate the learner in terms of further learning activities.

DECISION-MAKING: The act of deciding which course to choose from the available alternatives.

DISCUSSION CLIMATE: The emotional or feeling tone within a group which either inhibits or facilitates the sharing of ideas.

DISCUSSION SKILLS: The verbal or nonverbal behaviors employed to facilitate participation, to enhance the self image of the people in the group, and to collect and process significant data relative to the topic being discussed.

SOME GUIDELINES FOR YOU TO CONSIDER

1. THERE ARE NO RIGHT ANSWERS

The strategies, tasks and activities designed in this curriculum are created to help individuals become clearer about what they feel and how they want to act, once they have considered alternatives, weighed consequences and so on. The facilitator using these activities must be very careful to accept all answers as being valid for the person who is speaking. That is to say, that is where he/she is coming from **now**. Neither by verbal response, tone of voice or non-verbal expression should the facilitator communicate to the participants that some answers are better than other answers. This is difficult, to be sure, especially regarding an issue on which the facilitator holds strong opinions; but it is essential if an open and trusting atmosphere is to develop.

2. THE RIGHT TO PASS IS GUARANTEED

Students/participants must be allowed the opportunity to pass; that is, not answer or engage in any question or strategy which for them is too personal or too threatening. Once members of the group know that simply saying, "I PASS," will shift the focus away from them, they normally participate very actively. CAUTION: if the right to pass is not legitimized from the beginning, the people involved are likely to strongly object, and rightfully so! Growth strategies only work when people freely choose to participate. Over zealous facilitators have learned this lesson the hard way.

3. FACILITATOR - LEADER SHARES VALUES

It is extremely important that the leader-facilitator participate in the tasks and strategies. In this way an adult model is presented who is willing to stand up, affirm their personal beliefs and who is trying to live according to those beliefs. The emphasis here is on **SHARING, RATHER THAN IMPOSING**. Leaders should strive to communicate, "These are my values which I have chosen thoughtfully from among alternatives. I ask that you consider my alternatives just as I will consider yours." Again this is a difficult task for some adults because it is so easy to use the role of an authority figure to begin moralizing about what other people should think or do. If we are to develop our belief system and values, then they must be **OUR OWN**, and they must be **FREELY CHOSEN**. Remember sharing not imposing is the key to this guideline.

4. A WORD OF CAUTION

We know that you, dear reader, are a sensitive, concerned, individual, but please don't expect immediate, on the spot, observable behavioral changes from the activities and strategies contained in this curriculum. **PERSONAL GROWTH IS A LIFE LONG PROCESS**, and personal growth activities often produce significant behavior change months or even years after the activity has occurred. You may be doing the planting and watering, whereas someone else may harvest the crop. It does take longer than "over night" for miracles to happen. Keep heart, though, you are doing a tremendous job!

5. RULES FOR BRAINSTORMING

- A. Accept all ideas presented.
- B. Express no negative evaluation of any idea presented.
- C. Work for quantity, not quality, the longer the list of ideas, the better.

- D. Expand on each other's ideas, "piggyback" if someone's idea prompts an idea in your head, then share it.
- E. Encourage zany, far out ideas.
- F. Record each idea, at least by a key word or phrase.
- G. Do not analyze or evaluate the idea; that will be done later.
- H. Set a time limit for the brainstorming session and hold strictly to it.

6. CRITICS MAY SAY

Critics, yes, even colleagues complain that personal growth strategies are nothing more than glorified gimmicks, games, rainy day activities, "contrivances." Fritz Perls, founder of Gestalt therapy, once said that a gimmick is what a person calls a technique when he doesn't understand it. Growth strategies are very effective teaching tools and techniques when used properly!

7. CLASSROOM ENVIRONMENT

In our way of thinking the classroom should be a comfortable place for growing and living. Now this doesn't mean that a philosophy of do-your-own-thing prevails, but that the classroom sends messages to those in the room of safety, security, belongingness and warmth. The very environment of the classroom should shout that this is a place where individuals are respected, trusted and loved! A place where we all are in the growth process. A poster reading **Please Be Patient With Me, I'm In Process** is appropriate in all classrooms.

8. VOTE YES FOR CREATIVE THINKING

More classrooms should foster an atmosphere in which true creative thinking can take place. Creative thinking is not just art, music and poetry, but refers and or applies to any subject and to any area of life. Even math and science can be thought of in creative terms.

Creative thinking dies in an authoritarian atmosphere and thrives in a humane atmosphere of psychological freedom and security. When one feels free to speculate, to toy with ideas, to think outrageous and bizarre thoughts, without the threat of lowered self-esteem or the withdrawal of respect, love, friendship, or protection, then one is free to create. Conversely when one feels outside forces attempting to control, coerce, limit, or evaluate his/her thinking, then one feels threatened and their creative energy is siphoned off into responding to the threat at hand.

9. MORAL DEVELOPMENT

The traditional means of teaching morals was to drill, especially students, in a set of fixed virtues, such as honesty, obedience, etc. The teacher modeled the virtue by precept and example and the telling of moral tales. Rewards were given to those who conformed to the virtue and punishment was given to those who did not conform. This time honored method has been noticeably unsuccessful. Also built into this system was an abundance of "do as I sayism."

Recently a newer idea of moral judgment training has begun to emerge, championed at the outset by John Dewey and Jean Piaget, and now quite vigorously by Lawrence Kohlberg. These men have assumed that the formation of moral judgment is a process of development through stages of knowing; that is, a growing awareness of the external world.

Dewey, Piaget and Kohlberg believe that the development of moral judgment is a cognitive process, rather than the absorption of an imposed set of standards. Just as our physical development is made up of various stages, likewise is our moral development. It is a stage process and it is cognitive in nature.

If we believe this, then as educators our obligation is clear. Instead of preaching to our students about the importance of honesty, helpfulness, responsibility, and the like, it is our job to set up learning experiences which will facilitate the various stages of moral development.

Role playing and role taking on are effective ways of helping students view moral decisions from a number of different perspectives. The critical factor in role taking is empathy. The more an individual is able to empathize with others, the more likely he/she is to make a just moral decision.

10. GROUND RULES FOR GROUP SESSIONS

- A. Everyone who is in the group belongs there just because he/she is there, and for no other reason.
- B. For each person what is true for them is determined by what he/she directly feels and finds making sense--the way they live inside. It's what is going on inside their skin now that must be respected.
- C. Building community is the benchmark of any group. Everything else is second to that purpose.
- D. Group members will try to be as honest and open as possible and to express themselves as they really are and really feel.
- E. Listen for hidden messages and feelings.
- F. Everyone is gently listened to.
- G. The leader-facilitator is responsible for: (1) protecting the belongingness of every member, (2) protecting their being heard if this is getting lost and (3) creating a positive and safe atmosphere.
- H. **Realism:** If we know things are a certain way, we do not pretend they are not that way.
- I. **Confidentiality:** That means no one will repeat anything said outside the group, unless it concerns only himself. This applies not just to obviously private things, but to everything. After all, if the other individual concerned wants others to know something, he/she can always tell them. Gossip takes place when we do not have permission to say something about another person.
- J. Decisions made by the group need input from everyone. We're in this together and we need everybody's sharing.
- K. New members become members because they walk in. Whoever is "here" belongs and is welcome. We view each new person with a feeling of "I want to sense who you are and get to know you." Although difficult to tell new people exactly what we do in the group, we can give them support, show them what we do and involve them in the experience with gentleness and love.

11. THE FLIGHT LOG

Many of our colleagues have had excellent success when students have been asked to keep a personal journal, i.e. flight log.

The Flight Log mentioned in this curriculum is a collection place, and it is private, in which students can note feelings, make additional notes, fantasize and in general record their thoughts, feelings and observations, and behavior.

A log of this nature is an especially effective tool when working through the activities suggested in this curriculum.

If logs are to be read by teachers, and I suggest this be a negotiable issue, then all care must be taken by the teacher to ensure the privacy of students. By all means they should not be graded nor corrected for spelling or grammar errors.

Logs are used to illicit clarity and help students get a better **bead/focus** and sense of their living. Far greater than grades or correction is the goal of spontaneity and honesty which logs tend to produce.

If logs are read, I urge you to use positive feedback in communicating with your students. Send them validating, affirming statements. The log concept will die on the vine if grading and negative feedback is communicated.

A beginning log activity might be a short autobiography. As a final log entry, it is suggested that you have students look back over their notes and have them write a few paragraphs about how they have grown as a person. Some "I learned," "I wonder," "I was surprised," etc. statements could be appropriately used at this time.

FACILITATOR ACTIVITY LOG

Name _____ Grade _____ Week of _____

Key: N= no class today Format: 1= dyads 2=triads 3=quartets 4=sextets 5=full group

| DAY | TIME OF DAY | TIME | ACTIVITY | FORMAT | RESPONSE OF CLASS | NOTES ON WHAT I DID |
|-----------|-------------|------|----------|--------|-------------------|---------------------|
| MONDAY | | | | | | |
| TUESDAY | | | | | | |
| WEDNESDAY | | | | | | |
| THURSDAY | | | | | | |
| FRIDAY | | | | | | |

One day the Rabbit in "The Velveteen Rabbit" asked the Skin Horse, "What is real?"

REAL isn't how you are made, said the Skin Horse. It's a thing that happens to you. When a child loves you for a long, long time, not just to play with, but **really** love you, then you become **real**. It doesn't happen all at once. You **become**. It takes a long time. Generally, by the time you are **real**, most of your hair has been loved off, and your eyes drop out and you get loose in the joints and very shabby. But these things don't matter at all, because once you are **real** you can't be ugly, except to people who don't understand.

From The Velveteen Rabbit by Williams, Margery. Garden City: Doubleday & Co., 1958.

Flight Plan Number 1: GETTING OFF THE GROUND

- Objectives:
1. To establish, as a class, guideline for behavior and participation in the Moving Through Adolescence With Confidence sessions
 2. To introduce procedure for class sessions
 3. To become acquainted with one another

Group size: Unlimited

Materials: Ground Rules, In This Group

Taking Off: A. GETTING OFF THE GROUND
Procedure

1. Program introduction
2. Group process explanation
3. Expectations, goals and objectives
4. The Name Game

- a. Divide class into groups of four to six
- b. Each person in small group individually shares the following:

- (1) Share full name -- first, middle, last
- (2) Share how they received the various parts of their name
- (3) Share how they feel about their name
- (4) Share any nickname given in past or one they now have
- (5) Share name they want to be called in this class

- c. The remainder of the group will focus listen the person who is sharing. No interruptions. After all have shared their name, the group will interact with each other. This can be done effectively by using the "ping-pong" method of communication. That is, randomly talking back and forth to one another.

If time permits, two groups can be joined together and introduce each other. Or with a large group focus have each small group introduce their members to the class; share one thing they learned about the person they are introducing.

- Handouts:
1. Ground Rules
 2. In This Group
 3. Folders

Assignment: Prepare a "What's My Bag" collage. Materials: one, large, brown, grocery sack. Cover one side entirely with magazine pictures, yarn, letters, etc.
Purpose: to share who you are as a person.

Happy Landing!

GROUND RULES

The following rules are designed to help group sessions run more smoothly and to build a community of comfort and trust.

ACCEPT OTHERS

- * Each person has a right to say what they think, accept what they say as what they feel or think.
- * Listen to each other and show respect for each person. You do not have to agree with someone to accept them and show respect for them.

SPEAK FOR YOURSELF

- * Say what you think or feel. But don't try to speak for another person.
- * Avoid phrases like "we ...," "people always ...," "I'm sure you agree that ..."

AVOID PUT-DOWNS

- * Verbal put-downs hurt people, even when they laugh and appear to not be bothered. Put-downs are often contagious and get thrown back. The game builds up.
- * If people think they might be put-down they hesitate to share personal feelings and ideas, especially if they vary from the group norms or expectations. This can mean a lot of valuable discussion will be held back.
- * Non-verbal put-downs also hurt. These include facial expressions, gestures, side conversations, etc.

YOU HAVE THE OPTION TO PASS

- * Class discussions are more valuable when everyone participates. However, this does not mean that everyone must share their thoughts or feelings on every question. Sometimes a question or an activity will have different meanings for different people.
- * You have the option not to participate in an activity; it's your decision.

RESPONSIBLE FOR OWN LEARNING

- * Each participant in the group will learn something different from each session. Each person will learn as much or as little as he/she chooses to learn.
- * You are responsible for your own learning; no one can learn for you.

EXPECT UNFINISHED BUSINESS

- * Get comfortable with the idea that learning is an ongoing business. You never learn everything in one class session.
- * Skills will be introduced that are learned only by practice and practice is never finished.
- * Often group members are stimulated to continue discussion after class sessions. It is okay to end a session with question still "hanging".

IN THIS GROUP

In this group I want to be treated with kindness;

This means that no one
Will ignore me or
Will laugh at me or
Hurt me emotionally or physically.

In this group I want to be myself;

This means that no one
Will neglect me because I am
Plump or slim
Male or female
Black or white
Short or tall
Different.

In this group I want to feel safe;

This means that no one
Will hit me, kick me,
Shove me, trip me or
In anyway mess me up.

In this group I want to hear and to be listened to;

This means that I will
Respect your opinion and you will
Respect mine;
We may not agree but we will listen.

In this group I want to learn about myself;

This means I will be free to
Express my feelings and opinions
Without fear of punitive action.

In this group I not only want to be myself but free

To learn
To grow
To experience
To wonder
To discover
To have fun
To celebrate my uniqueness
To accept my humanness
To honor my wisdom
To love
To care
To question
To become a better me!

Flight Plan Number 2: THE GREAT NAME TAG, THE GREAT THUMBLESS SURVIVAL TEST

- Objectives:
1. To build community
 2. To get acquainted with one another
 3. To examine personal values and identity
 4. To exchange information about our personal values

Group size: Unlimited

Materials: 5x8 index cards, pencils, straight pins or tape, felt markers

Taking Off: A. THE GREAT NAME TAG
Procedure

1. Form quartets
2. Each student should have an index card, pencil, pin or tape. Ask the students to print their name in large letters in the middle of the card. Then instruct them to answer the following:
 - a. Upper right corner: Indicate the most exciting thing you did or place you went during Summer vacation
 - b. Upper left corner: Indicate a place, not your present home, where you would like to live for a year. Place unlimited.
 - c. Lower right corner: Share one thing you are good at doing
 - d. Lower left corner: Share one thing you have at home that you are proud of owning
 - e. In the space under your name, finish this sentence stem: If I were principal of this school I would
 - f. Above your name indicate the name of the junior high, middle or elementary school you attended
 - g. Make a triangle in the space between the lower right and lower left corners. In this space list the people in your support group. Who can you count on when the "going" get tough? Who is there when you need them?

Processing: Share in quartets each name tag, or mill around and share tags non-verbally. A discussion with the following questions as starters might be helpful.

1. Is there an easy way to make friends? How do you make friends?
2. Is it easy/hard to share information about yourself with someone else?
3. What did you learn about yourself when you answered the questions on your card?
4. What did you learn about your classmates that was new?
5. What did you find out about someone else that is also true for you?

Caution: In case of turbulence: some students may resist (most cooperate) the wearing of name tags. Plan ahead. This activity is great for learning names fast and getting acquainted.

B. THE GREAT THUMBLESS SURVIVAL TEST
Procedure

1. Instruct students to bend their thumbs to the palms of their hands, leaving only four fingers for manipulation. Tape thumbs.
2. Ask students to perform a variety of familiar tasks without using their thumbs in order to experience an example of experiential learning. A list of tasks is noted below.
 - a. Open and close buttons
 - b. Zip and unzip zippers
 - c. Tie and untie laces
 - d. Fasten and unfasten earrings, jewelry, belts
 - e. Set and reset watches
 - f. Shake hands with one another
 - g. Comb hair
 - h. Turn the pages of a book
 - i. Write on a piece of paper
 - j. And so on

Processing: Discuss with your quartet how you coped with thumblessness.

How did you substitute other parts of your bodies, or objects for your thumbs?

How did you feel as you experienced this activity?

What kind of sharing was going on with the entire group?

Handouts: 1. A Look At Me Inventory Sheet

Happy Landing!

A LOOK AT ME INVENTORY

Task: Using the key, check the appropriate column on the right. Star the 10 statements that are most important to you; then, rank order the 10 that you starred.

Key: 😊 = This is my experience and I'm **pleased** (really like it)

☹️ = This is my experience and I'm **unhappy** about it (don't like it)

O.K. = This is **not** my experience but it's the way I want it (it's O.K.)

W = This is **not now** my experience but I wish it were (wish)

??? = I have no big investment in this issue (so what, makes no difference to me)

| STATEMENTS | 😊 | ☹️ | O.K. | W | ??? | RANK |
|-----------------------------------------------------------------------------------|---|----|------|---|-----|------|
| 1. I plan my own schedule for doing chores at home. | | | | | | |
| 2. My homework gets done according to a strict time schedule. | | | | | | |
| 3. My social life is restricted to weekends. | | | | | | |
| 4. I wake up each morning at the same time. | | | | | | |
| 5. I spend as much time reading as possible. | | | | | | |
| 6. I spend time each day talking on the phone. | | | | | | |
| 7. I meet friends daily to share ideas. | | | | | | |
| 8. I think through problems by myself. | | | | | | |
| 9. I spend most of my time with others. | | | | | | |
| 10. My family provides me with a time schedule. | | | | | | |
| 11. If I have problems, my parents give me answers. | | | | | | |
| 12. I get a regular weekly allowance. | | | | | | |
| 13. My allowance varies with my needs. | | | | | | |
| 14. My allowance varies according to my chores. | | | | | | |
| 15. I take my own time about doing things. | | | | | | |
| 16. It's easy for me to put off doing homework. | | | | | | |
| 17. My parents disapprove of my friends. | | | | | | |
| 18. My parents think I'm too young to date. | | | | | | |
| 19. My parents are my best friends. | | | | | | |
| 20. I have a quiet place to study at home. | | | | | | |
| 21. I get along with most of my teachers. | | | | | | |
| 22. My parents serve alcohol with dinner and I'm permitted to drink with them. | | | | | | |
| 23. I have a close friend with whom I can share my deepest thoughts and feelings. | | | | | | |

Flight Plan Number 3: PEOPLE SEARCH OR WHO WAS THAT MASKED PERSON?

- Objectives:
1. To build community
 2. To learn the names of all the members of the class
 3. To interact with others in the class
 4. To begin to feel comfortable in the class

Group size: Unlimited

Materials: Getting To Know You Sheets

Taking Off: A. PEOPLE SEARCH
Procedure

1. Distribute Getting To Know You sheets.
2. On signal instruct students to find as many people who "fit the square" and have them sign their name in the square.
3. Encourage class to move around the room; go up to a person and ask, "are you a jogger or do you swim?"
4. Variations: one name per square, set a time limit, no limit to names in a square.

B. Flight Log

1. Introduce journal concept
2. Give students enough time to write a short history of their life up to now.

Happy Landing!

GETTING TO KNOW YOU

Find people who "fit the square" and have them sign their name in the square. Move freely about the room. Seek people out. Have fun with this activity.

| | | | |
|----------------------------------|-----------------------------------------------------|---------------------------------------|--------------------------|
| Is a stamp collector | Is a hospital volunteer | In band | Is a camera "bug" |
| Has a brother with blue eyes | Thinks it's OK to cry at movies | Has visited Alaska | Is an only child |
| Has biked 5 or more miles | My dad is my best friend | Feels that most teachers are fair | Swims a lot |
| Passed the driving test recently | Plays the piano | Likes to camp out | My mom is my best friend |
| Loves pizza | Gets goose bumps when our National Anthem is played | Has written a letter of love recently | Is a jogger |

Flight Plan Number 4: THE GREATEST DAYS OF YOUR LIFE (SO FAR)

- Objectives:
1. To build community
 2. To become aware that we all have strengths and weaknesses
 3. To begin to isolate fears

Group size: Unlimited

Materials: 16 mm projector, film: The Greatest Days of Your Life

Taking Off: A. THE GREATEST DAYS OF YOUR LIFE (SO FAR)
Procedure

1. View film
2. Discuss film

B. Flight log: record your reaction to the following questions.

1. How does your life in school relate to those shown in the film?
2. What do you want to do with your life; expectations for living?
3. What are some fears that are blocking your successes?
4. How are you your own "worst" enemy?

Flight Note: The Greatest Days of Your Life is a free film and can be obtained by contacting the following source:

Josten's Inc.
5501 Norman Center Drive
Minneapolis, Minnesota 55437

Handouts:

1. You Are A Promise
2. The Two Lives of Zeke

Assignment: Read Zeke and record your reactions in flight log.

Happy Landing!

THE TWO LIVES OF ZEKE

By
Robert O'Rourke

These were long days for Zeke;
 Slow, easy days to think.
Curled up in his brown capsule
with the sunshine warming him,
He could remember another time;
 another place
 another life
When he was a caterpillar.
Oh, but he was busy then:
 Dodging big trucks on the highway
 Climbing up fence posts,
 Humping his body across meadows,
 but
 mostly
 he was busy eating
Everything:
 leaves
 grass
 flowers
 anything green and growing!

It had been a time for taking.
In those days Zeke didn't pause to think much
about his endless chomping
and how things looked after he passed by.

Alone in his capsule now
He wondered:
Doesn't every living thing take something from the world?
A tree he knew
 soaked up lots of sunshine;
A river he once met
 took in rivulets from springs and melted snow;
A bird he hid from
 ate many, many seeds.
Yes, Zeke concluded
 Every living thing takes something from this world.

His thoughts could have ended there
 But they didn't!
Somehow endless taking seemed very selfish.
Zeke wondered:
 What would be left of a world if
 every living thing subtracted something from it?
The world would be a bare place indeed.
Zeke thought again;
 His favorite tree did soak up sunshine,
 but it gave back juicy, red apples.

The old river did absorb tiny rivulets,
 but it gave moisture back to clouds
 so there would be rain.
 Even the bird who pecked a hundred seeds
 gave back delightful songs!

What about me? thought Zeke
 What did I give?

Curled up in his dream capsule
 he could only remember taking...
 sunshine
 dewdrops
 green things

He couldn't imagine that he could
 ever produce anything like
 juicy red apples
 or raindrops
 or delightful songs.

As the sun continued to warm his capsule,
 Zeke slowly began to awaken from his dreamy meditation.
 It was as if each sun ray gave him
 new energy -- new life

He twisted and turned
 He strained and pushed
 And suddenly his capsule cracked!
 Zeke squeezed through the crack
 And on a very high limb overlooking the meadow
 He felt himself all over...
 Where were his short, stubby legs?
 Where had his soft, fuzzy hair gone?
 His long, wiggly body had also disappeared.

He felt wings instead
 And graceful long legs
 And big brown eyes.

As Zeke continued to warm in the sun
 He felt little zingy, alive feelings inside.
 He wanted to

sail on a breeze
 follow a sunbeam
 kiss a flower

And suddenly it happened...
 He was part of the world again
 And this time he floated over the meadow
 instead of bumping, humping along the ground.
 Zeke loved what he had become
 And this time, he thought,
 I'll give something special back
 not apples,
 or rain clouds,

or songs.
This time he would give
bright colors,
grace,
beauty!

Zeke felt magnificent!

Are you a taker only or a giver of life?

You have something special to share.

What are some of your gifts?

With whom have you shared them with lately?

How are you like Zeke?

Remember, you are a special person!

YOU ARE: PROMISE * POSSIBILITY * POTENTIAL

The extraordinary times in which we live are making many demands on all of us, youth and adults alike. We are being forced to face issues and challenges in day to day living for which there are no clear answers. At best we cope. We try to learn how to clarify our values, we try to recognize what's really important. We try to make wise decisions. We ask: "What's life all about anyway?" "What's out there for me?" "Can I handle all the pain and frustration that comes with the territory?"

Is coping enough?

Or do we need to nurture the creative potential within each individual? Do we need to find unconventional approaches to our problems? Do we need to find extraordinary answers to the perplexing complexities of the world in which we live?

Contrary to popular opinion, creativity is not a talent given to a few chosen souls. According to Abraham Maslow, creativity is a characteristic potentially given to all human beings at birth. And Guilford said, "Whatever the more creative person has seems to be no different from what the rest of us have except in degree."

Creativity has been referred to as the person's capacity to free himself from established routines and activities, to redefine situations, to be inventive, to search out alternatives. Creative thinking results in the production of ideas, to other products, that are both novel and worthwhile. The late Eric Fromm defined it as the ability to see, or to be aware and to respond.

What more important challenge right now to all individuals than to learn to develop their potential, to think creatively; whether the problem be one of peer pressure, home situation, boy/girl relationships or seeking solutions to the many school hassles. All people, young and older, need more practice in **thinking things through!**

A thought from the Chinese:

I carved a willow branch... the wind brought me the sound of a distant flute.

Give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime.

And from the Talmud:

If I am not for myself, who will be!

You, dear person, have unlimited potential for love, creative achievement and positive self-esteem! You are a beautiful person and yes, you are loveable and capable. You can make responsible decisions; you are a **promise**; you are a **possibility**; and you are **potential** with a **capital P!**

Flight Plan Number 5: CIPHER -- A BIG ZERO

- Objectives:
1. To become aware that we all need love
 2. To build community
 3. To become aware of the peril of loneliness

Group size: Unlimited

Materials: 16 mm projector, film: Cipher In The Snow, Cipher Process Sheets

Taking Off: A. CIPHER -- A BIG ZERO
Procedure

1. Lead a discuss focused on the peril of loneliness
2. View film
3. Discuss film

B. Flight Log

1. React to Cipher process sheets and include in journal
2. Was the story realistic? Do you think the story could actually happen? Explain.

C. "What's My Bag" collage due. Share in class. A contest could be held to see how many students can identify classmates bags. Very creative method of getting to know group.

Assignment: If Cipher process sheet can not be completed in class, assign for next day.

Handouts:

1. Bill of Rights For Winners
2. My Declaration of Self-Esteem

Flight Note: The film, Cipher In The Snow, was produced by Brigham Young University (Utah) Productions. Many state departments of education offer this film free of charge. 20 minute/color. Available in video cassette.

Happy Landing!

A CIPHER IN THE SNOW

In this film, many people act with indifference toward a boy's problems. List these incidents in the appropriate column. How was Cliff Evans life effected by his parents, peers and school personnel.

Include this sheet in your journal.

| PARENTS | PEERS | SCHOOL PERSONNEL |
|---------|-------|------------------|
| | | |

Rank order the characters in the film from most liked to least liked.

Do you know any students like Cliff Evans? Are they receiving any help? What can you do to help them?

Complete these sentence stems: I learned that ... I discovered that... I wonder what would happen if ...

BILL OF RIGHTS FOR WINNERS*

1. You have the right to be you: the way you are, the way you want to be.
2. You have the right to grow, to change, to become, to strive, to reach for any goal, to be limited only by your degree of talent and amount of effort.
3. You have the right to privacy: in marriage, family, or any relationship or group; the right to keep a part of your life secret, no matter how trivial or important, merely because you want it to be that way. You have the right to be alone part of each day, each week, and each year to spend time with and on yourself.
4. You have the right to be loved and to love, to be accepted, cared for, and adored, and you have the right to fulfill that right.
5. You have the right to ask questions of anyone at any time in any matter that effects your life, so long as it is your business to do so; and to be listened to and taken seriously.
6. You have the right to self respect and to do everything you need to do to increase your self-esteem, so long as you hurt no one in doing so.
7. You have the right to be happy, to find something in the world that is meaningful and rewarding to you and that gives you a sense of completeness.
8. You have the right to be trusted and to trust and to be taken at your word. If you are wrong, you have the right to be given a chance to make good, if possible.
9. You have the right to be free as long as you act responsibly and are mindful of rights of others and of those obligations that you entered into freely.
10. You have the right to win, to succeed, to make plans, to see those plans fulfilled, to become the best you that you can possibly become.

* From How To Make Winning Your Life Style by Viscott, D.S., 1972.

MY DECLARATION OF SELF-ESTEEM*

I am me.

In all the world, there is no one else exactly like me. There are persons who have some parts like me, but no one adds up exactly like me. Therefore, everything that comes out of me is authentically mine because I alone chose it.

I own everything about me -- my body, including everything it does; my mind, including all its thoughts and ideas; my eyes, including the images of all they behold; my feelings, whatever they may be -- anger, joy frustration, love, disappointment, excitement; my mouth, and all the words that come out of it, polite, sweet or rough, correct or incorrect; my voice, loud or soft; and all my actions, whether they be to others or to myself.

I own my fantasies, my dreams my hopes, my fears.

I own all my triumphs and successes, all my failures and mistakes.

Because I own all of me, I can become intimately acquainted with me. By so doing I can love me and be friendly with me in all my parts. I can then make it possible for all of me to work in my best interests.

I know there are aspects about myself that puzzle me, and other aspects that I do not know. But as long as I am friendly and loving to myself, I can courageously and hopefully look for the solutions to the puzzles and for ways to find out more about me.

However I look and sound, whatever I say and do, and whatever I think and feel at a given moment in time is me. This authentic and represents where I am at that moment in time.

When I review later how I looked and sounded, what I said and did, and how I thought and felt, some parts may turn out to be unfitting. I can discard that which is unfitting, and keep that which proved fitting, and invent something new for that which I discarded.

I can see, hear, feel, think, say and do. I have the tools to survive, to be close to others, to be productive, and to make sense and order out of the world of people and things outside of me.

I own me, and therefore I can engineer me.

I am and I am okay.

*From Peoplemaking by Satir, Virginia. Palo Alto: Science and Behavior Books, Inc., 1972.

Flight Plan Number 6: MORE THAN A CIPHER

- Objectives:
1. To emphasize that each person is important and worthwhile
 2. To feel comfortable in the group
 3. To learn positive characteristics of self and others

Group size: Unlimited

Materials: Slips of paper

Taking Off: A. MORE THAN A CIPHER
Procedure

1. Positive Bombardment

- a. On a slip of paper instruct students to write four positive characteristics/abilities they possess (or four adjectives that describe them).
- b. Form groups of six or eight. Mix up slips and have each student choose a slip. In turn each students reads their selected slip and tries to guess the identity of the slip writer.

After the identity has been revealed and before the reading of another slip, the group is encouraged to share additional positive statements to the owner of the slip.

2. Process

In the Flight Log encourage students to react to the following questions:

- a. What is anything surprised you as you listened to your classmates validate you?
- b. Was it difficult to receive positive feedback?
- c. Did anything which was said produce feelings of joy, anxiety within you?
- d. What thoughts and feelings were going through your mind as YOU listened to the feedback?
- e. What did you learn from this experience?

Handout: 1. You Are O.K.

Happy Landing!

YOU ARE O.K.

Accept everything about yourself, I mean everything, not some things -- everything. Every feeling, idea, hope, fear, smell, appearance -- it is you and it is good. You can do anything you choose to do; you can enjoy anything you choose to take part in, to be aware of. You are you and that is the beginning and the end -- no apologies, no regrets -- you are what you want -- because you are you -- and who can doubt that -- who could want more --you have everything there possibly is -- there is no more -- you are everything -- and you are so large and immense that you could never find the top or bottom-- you will spend a lifetime enjoying the search --you will enjoy every minute -- there is so much to know and experience within yourself.

... By James A. Gold

Men and women arise as a unique person through the medium of choice. A good choice is one that is derived authentically; on the basis of self-awareness and self-determined inquiry and action, the person develops the ability to make free and autonomous decisions. The freedom to make choices and to learn from them is the core of being and the basis of all individuality.

... By Clark E. Moustakas

No one can make you feel inferior without your permission.

... Eleanor Roosevelt

Flight Plan Number 7: I AM LOVEABLE AND CAPABLE

- Objectives: 1. To become aware of the "hurts" of put-downs.
2. To practice sharing personal concerns with others.

Group size: Unlimited

Materials: 5x8" cards, felt markers, tape, filmstrip projector, IALAC filmstrip, Warm Fuzzy Story sheet, Warm Fuzzy study questions sheet

Taking Off: A. I AM LOVEABLE AND CAPABLE Procedure

1. Read, tell or view filmstrip of the IALAC story
2. Discuss IALAC story
3. Have group make an IALAC tag or prepare in advance and distribute
4. Form quartets (then pair off into dyads)
 - a. First dyad: make a list of some of the put-downs you receive from friends, family, teachers, etc.
Task: share list with partner
 - b. Second dyad: with a new partner, share how the list of put-downs make you feel.
 - c. Third dyad: with a new partner, share how you cope with put-downs. Is there any one person with whom you feel safe to share, to receive support and to be comforted?

5. Process

In Flight Log record your reaction to the IALAC experience. Make a list of those put-downs you didn't feel comfortable sharing with your partner in dyads.

Record how you really feel when you receive and give put-downs.

B. WARM FUZZY STORY

1. Distribute story and study question sheets
2. If time, begin to read story in class or assign for next day

Handout: 1. Warm Fuzzy Story
2. Warm Fuzzy study sheet

Happy Landing!

A FUZZY TALE*

Once upon a time, a long time ago, there lived two very happy people called Tim and Maggie with two children called John and Lucy. To understand how happy they were, you have to understand how things were in those days. You see, in those days everyone was given at birth a small, soft, Fuzzy Bag. Anytime a person reached into this bag he was able to pull out a Warm Fuzzy. Warm fuzzies were very much in demand because whenever somebody was given a Warm Fuzzy it made him feel warm and fuzzy all over. People who didn't get Warm fuzzies regularly were in danger of developing a sickness in their back which caused them to shrivel up and die.

In those days it was very easy to get Warm fuzzies. Anytime that somebody felt like it, he might walk up to you and say, "I'd like to have a Warm fuzzy." You would then reach into your bag and pull out a fuzzy the size of a little girl's hand. As soon as the fuzzy saw the light of day it would smile and blossom into a large, shaggy, Warm fuzzy. You then would lay it on the person's shoulder or head or lap and it would snuggle up and melt right against their skin and make them feel good all over. People were always asking each other for Warm fuzzies, and since they were always given freely, getting enough of them was never a problem. There were always plenty to go around, and as a consequence everyone was happy and felt warm and fuzzy most of the time.

One day a bad witch became angry because everyone was so happy and no one was buying potion and salves. The witch was very clever and devised a very wicked plan. One beautiful morning the witch crept up to Tim while Maggie was playing with their daughter and whispered in his ear, "see here, Tim, look at all the fuzzies that Maggie is giving to Lucy. You know, if she keeps it up, eventually she is going to run out and then there won't be any left for you!"

Tim was astonished. He turned to the witch and said, "do you mean to tell me that there isn't a Warm Fuzzy in our bag every time we reach into it?" And the witch, said, "no, absolutely not, and once you run out, that's it; you don't have any more." With this the witch flew away on a broom, laughing and cackling all the way.

Tim took this to heart and began to notice every time Maggie gave up a Warm Fuzzy to somebody else. Eventually he got very worried and upset because he liked Maggie's Warm Fuzzies very much and did not want to give them up. He certainly did not think it was right for Maggie to be spending all her Warm Fuzzies on the children and on other people. He began to complain every time he saw Maggie giving a Warm Fuzzy to somebody else, and because Maggie liked him very much, she stopped giving Warm Fuzzies to other people as often, and reserved them for him.

The children watched this and soon began to get the idea that it was wrong to give up Warm Fuzzies any time you were asked or felt like it. They too became very careful. They would watch their parents closely and whenever they felt that one of their parents was giving too many Fuzzies to others, they also began to object. They began to feel worried whenever they gave away too many Warm Fuzzies. Even though they found a Warm fuzzy every time they reached into their bag, they reached in less and less and became more and more stingy. Soon people began to notice the lack of Warm Fuzzies, and they began to feel less warm and less fuzzy. They began to shrivel up and, occasionally, people would die from lack of Warm Fuzzies. More and more people went to the witch to buy potions and salves even though they didn't seem to work.

Well, the situation was getting very serious indeed. The bad witch who had been watching all of this didn't really want the people to die, since dead people couldn't buy salves and potions, so a new plan was devised. Everyone was given a bag that was very similar to the Fuzzy Bag except that this one was cold while the fuzzy Bag was warm. Inside of the witch's bag were Cold Pricklies. These Cold Pricklies did not make people feel warm and fuzzy, but made them feel cold and prickly instead. But, they did prevent peoples' backs from shriveling up. So, from then on, every time somebody said, "I want a Warm Fuzzy," people who were worried about depleting their supply would say, "I can't give you a Warm Fuzzy, but would you like a Cold Prickly?" Sometimes, two people would walk up to each other, thinking they could get a Warm Fuzzy, but one or the other of them would change his mind and they would wind up giving each other Cold Pricklies. So, the end result was that while very few people were dying, a lot of people were still unhappy and feeling very cold and prickly.

The situation got very complicated because, since the coming of the witch, there were less and less Warm Fuzzies around; so Warm Fuzzies, which used to be thought of as free as the air, became extremely valuable. This caused people to do all sorts of things in order to obtain them. Before the witch had appeared, people used to gather in groups of three or four or five, never caring too much who was giving Warm Fuzzies to whom. After the coming of the witch, people began to pair off and to reserve all their Warm Fuzzies for each other exclusively. People who forgot themselves and gave a Warm Fuzzy to someone else would immediately feel guilty about it because they knew that their partner would probably resent the loss of a Warm Fuzzy. People who could not find a generous partner had to buy their Warm Fuzzies and had to work long hours to earn the money.

Some people somehow became "popular" and got a lot of Warm Fuzzies without having to return them. These people would then sell these Warm Fuzzies to people who were "unpopular" and needed them to survive.

Another thing which happened was that some people would take Cold Pricklies, which were limitless and freely available, coat them white and fluffy and pass them on as Warm Fuzzies. These counterfeit fuzzies were really Plastic Fuzzies, and they caused additional difficulties. For instance, two people would get together and freely exchange Plastic Fuzzies, which they thought they had been exchanging Warm Fuzzies, people grew very confused about this, never realizing that their cold prickly feelings were really the result of the fact they had been given a lot of Plastic Fuzzies.

So the situation was very, very dismal and it all started because of the coming of the witch who made people believe that some day, when least expected, they might reach into their Warm Fuzzy Bag and find no more.

Not long ago, a young woman with big hips born under the sign of Aquarius came to this unhappy land. She seemed not to have heard about the bad witch and was not worried about running out of Warm Fuzzies. She gave them out freely, even when not asked. The called her the Hip Woman and disapproved of her because she was giving the children the idea that they should not worry about running out of Warm Fuzzies. The children liked her very much because they felt good around her and they began to give out Warm Fuzzies whenever they felt like it.

The grownup became concerned and decided to pass a law to protect the children from depleting their supplies of Warm Fuzzies. The law made it a criminal offense to give out

Warm Fuzzies in a reckless manner, without a license. Many children, however, seemed not to care; and in spite of the law they continued to give each other Warm Fuzzies whenever they felt like it and always when asked. Because there were many, many children, almost as many as grownups, it began to look as if maybe they would have their way.

As of now it is hard to say what will happen. Will the grownup forces of law and order stop the recklessness of the children? Are the grownups going to join with the Hip Woman and the children in taking a chance that there will always be as many Warm Fuzzies as needed? Will they remember the days their children are trying to bring back when Warm Fuzzies were abundant because people gave them away freely?

* From *Scripts People Live by* by Steiner, Claude. New York: Grove Press Inc., 1974.

WARM FUZZY PROCESS QUESTIONS

A fable, Warm Fuzzy, is a story about human life. It's more than a mere fable; it's bigger than "just" a story because it's about the joy of sharing and the tragedy of greed. Somewhere in your school experience you learned that a fable is a literary term which encourages the reader to search for meanings beneath the surface of the story. Often the characters were plants, animals, imaginary beings, inanimate objects that act and speak as human beings.

Below you will find some "think tank" questions to help you probe the meaning of the Warm Fuzzy story.

1. From your experience share several examples of warm fuzzies. Just what is a warm fuzzy?
2. To which side of human nature does the witch appeal; the children; Jim and Maggie?
3. Do you believe everything anyone tells you? Why? Why not?
4. Would you have trusted and believed the witch as quickly as the people in the story did. Discuss why or why not.
5. Name five people you admire and trust. What qualities do they have? Why do you trust them?
6. Can people believe and trust your word? Why are you a trustworthy person?
7. From your experience share several examples of cold pricklies.
8. Why is it better to receive a cold prickly if warm fuzzies are not available?
9. Who do you think the Hip Woman represents?
10. Why is sharing and loving essential to life?
11. Do you get enough sharing and loving?
12. Must you share in order to be happy? Is it essential to happiness? Explain.
13. Are you a caring person? Explain.
14. When you have the choice, are you a caring or a competitive person?
15. Other than Christmas, what are some other holidays that emphasize sharing and caring for fellow humans?
16. What practical application can you make of the Warm Fuzzy story to your home, school and peer situations?

Flight Plan Number 8: OUCH, THAT HURTS!

- Objectives:
1. To become aware that the things we do and say affect how other people feel
 2. To establish a foundation for sharing and expressing good feelings in the group
 3. To practice brainstorming

Group size: Unlimited

Materials: newsprint or chalkboard, felt markers, Warm Fuzzy process questions, brainstorming rules

Taking Off: A. OUCH, THAT HURTS!
Procedure

1. Write on board brainstorming rules; have students record them in Flight Log
2. Form small groups
Task: for 10 minutes brainstorm a list of put-downs received at school from peers and teachers; record on newsprint or notebook paper.
3. List can be coded and a composite list made from all small groups
4. Process
Share list in large group

In Flight Log record reaction to task by completing the following sentence stems:

I learned that I ...
I see that I need to ...
I wonder what would happen if ...
I noticed that ...
I need to stop using the following put-downs ...

B. Warm Fuzzy Discussion

1. Form trios
Task: share Warm Fuzzy study question answers
2. Open discussion to large group
3. Process
Use study questions as a guide for processing

Flight Log: Additional process question

1. Is it hard or easy for you to accept a compliment?
2. How does it feel to give a compliment? How does it feel to receive a put-down?
3. How do you react when someone gives you a compliment? A cold prickly?

Caution: Students may generate obscene put-downs; be prepared.

Happy Landing!

Flight Plan Number 9: FEARS IN A BAG

- Objectives: 1. To identify personal fears
2. To realize that other people share same fears

Group size: Unlimited

Materials: newsprint or chalkboard, felt markers, tape, bag or hat

Taking Off: A. FEARS IN A BAG
Procedure

1. Discuss the following questions:
 - a. What are some fears that all people might have?
 - b. Describe the feeling of fear? What does the body do when we feel fear?
2. In Flight log instruct students to list 10 large or small fears they have experienced. Encourage honesty.
Rank order fears
3. On separate paper write top three fears and place in bag
4. Process
 - a. Select several students to record fears on chalkboard as teacher reads from slips placed into a bag
 - b. Categorize fears i.e., helpful fears, unhelpful fears, physical fears, emotional fears, family fears, etc.

B. Flight Log: React to the following sentence stems.

1. I learned that my fears are ...
2. Fear is ...
3. Other people's fears are ...
4. One thing I would like not to fear is ...
5. I was surprised that my fears are ...
6. I was happy that I ...

C. Additional task

In dyad discuss an unwanted fear.
Devise a plan to dispell unwanted fear

Happy Landing!

Flight Plan Number 10: TRUST EXPERIENCE - DAY 1

- Objectives:
1. To develop a feeling of trust among class members.
 2. To practice the "risk" of trusting another person.
 3. To identify feelings of vulnerability.
 4. To experience risk taking.

Group size: Unlimited

Materials: blindfolds, optional: watch for sighted person, tape recorder/phonograph, music

Taking Off: A. TRUST EXPERIENCE
Procedure

1. Instructions: It is important the facilitator give clear guidelines regarding how to lead a blind person. Set time limit and parameter for walk. When choosing partners, encourage students to pair off with someone they don't know well.

It has been effective for the group to return to the designated room in silence, sit in a circle and remain quiet until process instructions are given.

Encourage sighted person to provide as many experiences for blind partner as possible. Be creative, be kind, be caring.

2. Choose partners
3. Variations: Partners can talk, cannot talk; sightless person is also deaf; only sighted person can talk.
4. Process (optional: have music playing as group returns)
 - a. Unveiling ceremony: sighted person sits in front of partner; unties blindfold. Instruct sightless person to hold hands over eyes and to remove blindfold when they are ready to look at partner.
 - b. Reactions from sightless persons: randomly share what dependency is and means. Trusting is ... I learned that ... Some fears were ...
 - c. Reactions from sighted persons: randomly share what caring is and means. I wonder what would happen if ... I felt the responsibility of ...

B. Flight Log

Record reaction to walk in journal. What thoughts went through your mind when you were sightless? Did the time seem long or short? Was your sighted partner over protective? Did you take this activity seriously? How did it feel to be responsible for a person who could not see. Was this walk realistic? Explain.

Happy Landing!

Flight Plan Number 11: TRUST EXPERIENCE - DAY 2

- Objectives:
1. To develop a feeling of trust among class members.
 2. To practice the "risk" of trusting another person.
 3. To identify feelings of vulnerability.
 4. To experience risk taking.

Group size: Unlimited

Materials: blindfolds, optional: watch for sighted person, tape recorder/phonograph, music

Taking Off: A. TRUST EXPERIENCE
Procedure

1. Using same partners as matched up in Day 1 of trust experience, repeat instructions in Flight Plan Number 10.
2. Process: repeat instructions in Flight Plan Number 10.
3. Flight Log: repeat instructions in Flight Plan Number 10.
4. Make any mid-course corrections which seem appropriate after having gone through the activity in Flight Plan Number 10.

B. Follow up activity

Blind Sunday, a 31 minute color 16mm film, is an excellent activity to follow the trust walk experience.

Blind Sunday was produced by Time-Life in 1978 and can be secured by writing Time-Life Video

Time-Life Building

New York, New York 10020

Smooth Flying: The trust experience is a favorite of high school students.

Flight Log: Additional process questions:

1. Were you able to trust your partner?
2. Was it easier to follow or lead? Explain.
3. Isolate three thoughts, feelings and actions during the trust walk.
What was going on inside your head as a sighted and blind person?

Happy Landing!

Flight Plan Number 12: I REMEMBER WHEN

- Objectives:
1. To practice focus listening
 2. To practice non-verbal feedback
 3. To learn more about group members
 4. To develop non judgmental acceptance of self and others

Group size: Unlimited

Materials: memory recall list, stop watch or watch with second hand, Coat of Arms

Taking Off: A. I REMEMBER WHEN
Procedure

1. Form class into two concentric circles with partners facing each other. Number in each circle needs to be the same for best results.
2. This is a "focus listening" activity, that is, when partner is sharing, the other partner will listen and give non-verbal feedback. When listening, do not interrupt or ask questions; task is to listen.
3. Leader will ask group to pull from their memory specific experiences. Each person will have approximately 30-50 seconds to tell partner anything about that memory recall.
4. After each memory recall, the outside circle takes one step to the left and hooks up with a new partner; the inside circle does not move.
5. Remember that each partner reacts to the same recall before the outside circle moves to the next person.

B. Suggested Recalls (number used will correspond to number in circle)

1. What do you remember about Halloween? (were you dressed as a cowboy, clown, Superman, Mickey Mouse, etc.; get into any trouble)
2. What do the words roller skates trigger in your memory?
3. Share something about your first roller coaster or ferris wheel ride.
4. Your earliest memory of a swimming pool (beach, plastic pool, etc.) experience
5. What does the first day of school bring to your memory as a kindergarten or first grader?
6. Share a favorite sports story which involved you.
7. A memory of a favorite pet.
8. A fun experience with cotton candy.
9. A Summer memory associated with ice cream.
10. Your best vacation experience.
11. Your first bike or cycle.
12. The first Christmas you can remember.
13. An experience around state fair, carnival, circus.
14. An elementary school experience; a teacher you liked or disliked.
15. A significant person in your life as a child.
16. The best thing that happened in your life last week.
17. Your most embarrassing moment.
18. A fun experience associated with pizza.
19. An early experience of taking a test.
20. And so on.

C. Process

1. In dyad or trio students can share some of the thoughts and feelings this activity generated.
2. In Flight Log jot down reaction to the activity. What other memories did the task generate?

Flight Note: An excellent activity and mixer which generates laughter and fun.

D. COAT OF ARMS

1. Distribute Coat of Arms sheet and follow directions on sheet.
2. Share completed sheets in small groups

Happy Landing!

COAT OF ARMS

Create a drawing or a sketch in the six areas below to make your own personal "Coat of Arms".

Variation: Write instead of drawing the instructions.

The diagram is a shield shape divided into six numbered sections by a vertical line and two horizontal lines. The sections are numbered 1 through 6, with 1 and 2 at the top, 3 and 4 in the middle, and 5 and 6 at the bottom.

1. Draw two things you are proud of.

2. Where do you go when you need to be alone? Draw your psychological home.

3. Draw something you wish to give your family (symbolically/materially)

4. Draw something you would like to receive from your family.

5. If you had but one year to live, draw what you would do with that year.

6. After your death, write 3 words you would most like said about you.

Flight Plan Number 13: DO I SEE MYSELF AS A WHAT!

- Objectives: 1. To state publicly some values
 2. To become better acquainted with the values of my classmates
 3. To practice choice making

Group size: Unlimited

Materials: A list of choices

Taking Off: A. DO I SEE MYSELF AS A WHAT!

Procedure

1. Gather entire group into the center of the room.
2. Explain that a number of options/choices will be presented and that a decision must be made; discussion of decision to follow.
3. Students will move from center to one side or the other of the room according to decision made. Leader will ask, "Do you see yourself as a **sports car** or as a **compact car**," and points to the direction of choice. (left or right side of room) Students will then move to the side appropriate to their choice.(feeling/value)
4. After each option, have students pair off with someone on their side of the room and briefly discuss their choice.

B. Sample Choices

"Do you see yourself more as a _____ or a _____?"

| | | |
|---------------|----|----------------|
| hamburger | or | steak |
| letter | or | postcard |
| cat | or | dog |
| ocean | or | lake |
| pitcher | or | catcher |
| banana split | or | ice cream cone |
| moped | or | bike |
| rug | or | wall hanging |
| motorboat | or | sailboat |
| tossed salad | or | apple |
| sunset | or | sunrise |
| dramatic play | or | musical |
| chief | or | indian |
| fall | or | spring |
| nail | or | hammer |
| sports car | or | compact |

C. Process

Regroup students, lead a discussion on values and choices.

1. What trends can you identify in your choices? Did you choose big or little things, glamorous or simple things?
2. What are some of your important values?(list on board)
3. What do you say, do or feel that reflects these values?

Happy Landing!

Flight Plan Number 14: LET YOUR IMAGINATION RUN

- Objectives:
1. To experience creative thinking
 2. To experience creative imagination
 3. To practice creative thinking and imagination

Group size: Unlimited

Materials: It's A Beautiful Day Reading, nine dots game, newsprint, markers, chalkboard

Taking Off: A. IT'S A BEAUTIFUL DAY
Procedure

1. If space is available instruct group to sit or stretch out on their backs on the floor, otherwise rest head on desk.
2. Slowly read It's A Beautiful Day to group
3. Process: form quartets and pair off into dyads
 - a. first dyad: for two minutes (each partner) share your feelings during the fantasy trip.
 - b. second dyad: for two minutes (each partner) share, "In my perfect fantasy I would..."
 - c. third dyad: For fun have each partner say to the other, "by the power vested in me by the State of _____, your fantasy shall come true. Poooooooooof!"
4. Flight Log
Write reactions to activity in journal; use process questions at end of story.

Flight Note: Some students may have difficulty creating images in their mind. That's OK. It would be wrong to ever communicate to students that everyone must experience mental images. Some students will and some simply will not. For those who cannot, help them to feel comfortable.

B. Nine Dot Game

Use as "warm-up" task

Happy Landing!

IT'S A BEAUTIFUL DAY

Instruct students to close their eyes and to keep them closed throughout the reading.

Begin with some simple breathing exercises to help the students relax.

With your eyes closed, get as comfortable in your seat or on the floor as you can... (pause)... Now, keeping your eyes closed, start breathing through your mouth... (pause)... As the air comes into your mouth, see how it feels when it comes over your lips, over your teeth, over your tongue and goes to the back of your throat... (pause)... You will notice that when it comes in, it is cool and dry... (pause)... Now, as the air comes out, over the back of your tongue, over your teeth and through your lips, notice that it is moist and warm... (pause)... Now take three or four breaths and experience the warm moist air... (pause)... Take three or four breaths and notice how cool and dry it is coming in and how warm and moist it is going out... (pause)... Most of you will probably be taking fairly shallow breaths. I would like for you to take deeper breaths and imagine that you are pulling the air to the very bottom of your lungs. Pretend that you can see the air as it comes over your lips, your teeth, your tongue and goes to the back of your throat, down your windpipe, to the top of your lungs, to the middle of your lungs and to the bottom of your lungs... (pause)... When you get the air to the bottom, very gently force it all out through your mouth... (pause)... Do this two or three times on your own.

Once again, get yourself as comfortable as you can in your seat or on the floor... (pause) I want you to listen to what I say and let your imagination run freely... (pause)... This is no form of hypnosis and you can stop any time that you want... (pause)... If you feel that you are going to fall asleep, try to stay on task. Get in touch with your physical sensations, get in touch with your body and how you are feeling. Clear your mind.

I would like for you to imagine that you can see a great big field... (pause)... You are in the middle of this field and you can see in all directions... (pause)... Look all around the field and notice the things you see... (pause)... What time of day is it?... (pause)... What does the sky look like?... (pause)... What time of year is it?... (pause)... What are some of the things in the field?

Imagine that you are a tree stump in the middle of the field... (pause)... Become that stump... (pause)... How do you look?... (pause)... How old are you?... (pause)... What shape are you?... (pause)... What color and condition are you in?... (pause)... Is there anything growing around your base?... (pause)... Is there anything growing on you?... (pause)... How long have you been a stump?... (pause)... What kind of tree were you?

Not too far from the stump, is a stream that flows throughout the woods... (pause)... Imagine that you are that stream... (pause)... How wide are you?... (pause)... How deep are you?... (pause)... At what speed do you move?... (pause)... What is the temperature of your water?... (Pause)... What is your bottom made of?... (pause)... Where do you begin and where do you end?... (pause)... Is there anything in you?

Not too far from the stream is a cabin. Imagine that you are that cabin... (pause)... What are you made of?... (pause)... What condition are you in?... (pause)... Let's imagine that we can walk around you... (pause)... Do you have a door?... (pause)... What is the door made of and what does it look like?... (pause)... How many windows do you have?... (pause)... What

are they made of?...(pause)... Imagine that you go inside the cabin...(pause)... How many rooms are in the cabin?...(pause)... What condition are they in?...(pause)... Are there any articles of furniture in the cabin?...(pause)... What condition are they in?...(pause)... Take another look on the inside of your cabin and see how it looks.

On top of the cabin sits a bird. You are that bird...(pause)... What kind of a bird are you?...(pause)... What are you doing?...(pause)... What are your colors?

Imagine that the bird hears a sound and starts to fly away...(pause)... Instead of flying in a direct line, the bird starts making very large circles; while making these circles, it looks down and sees the stump...(pause)... Now it sees the river...(pause)... Next, it sees the cabin...(pause)... How do these things look from up in the air?...(pause)... The, the bird starts flying higher and higher, it gets smaller and smaller and disappears...(pause)... Now say goodbye to the field, the stump, the stream, the cabin, and come back to our classroom and your existence here. When you feel like it, open your eyes. It is acceptable to have fallen asleep. Gently awaken anyone sleeping without physically touching them.

We are going to share some of the experiences we have had as a group. I would like for you to try to remember as much as you can. First, what kind of a field did you experience? Leader can now have several students share their field, what the horizon looked like, what time of year it was and the type of day, etc.

Process: In Flight Log, ask students to describe themselves as they were when they were a stump. How old were they? How big? What condition? What were your physical features and the characteristics of the environment around you? Use same general questions for cabin, bird, and how things looked as the bird was flying.

This could also be shared verbally with the entire class.

NINE DOT GAME

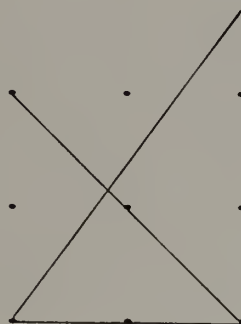
Procedure: Draw nine dots on the chalkboard or newsprint.



Ask students to copy the dots as above on their paper. Task: connect all the dots with only four straight lines. In connecting these lines, pencils may not leave the paper. Approximately 10 minutes to complete task.

Ask how many were able to solve puzzle. You may wish to ask volunteers to draw their answer on the board or newsprint for all to view. By doing this, the group will be illustrating the differences in perception that occurred during the task.

answer



Explain answer if no one has guessed it. Then discuss with the group the idea that many of us use certain ways of thinking and that it is often difficult to allow ourselves the flow of creativity. Logic might tell us that the lines that would connect the dots would go within the square; creativity tells us that the lines could go beyond the dots. Ask students to share what they learned from the task.

Flight Plan Number 15: UNDER CONSTRUCTION

- Objectives:
1. To experience teamwork
 2. To identify non-productive behaviors
 3. To practice communication and listening skills

Group size: Unlimited

Materials: 6" or 8" stack of newspapers for each group, masking tape, 3 bricks bound together, a cardboard box 1' high and 1' wide, process observer sheets

Taking Off: A. UNDER CONSTRUCTION
Procedure

1. Form groups of four to six members; one person in each group will act as process observer.
2. Task: Each small group will build a bridge with the materials provided. Bridge must be strong enough to hold the weight of 3 bricks placed in the middle of the bridge, and high enough for the box to easily pass through the span.
 - a. no external supports, such as wall or chair may be used, however, groups may tape structure to the floor.
 - b. time limits: 10 minutes for planning; 15 minutes for construction.
 - c. during planning time, members may touch the materials but may not prefabricate any part(s) or arrange the newspaper into piles.
 - d. bricks and box remain in the center of the room until the end of the building period. A representative from each group may pick up bricks and touch box in order to test their weight and size.
 - e. additional time limits at the judgment of facilitator.
 - f. After time has been called, one member from each group will test strength of bridge and center span.

B. Process

1. Begin with process observer's report from each group.
2. Some verbal "I learned's" are appropriate at the end of this activity.

Flight Note: Smooth flying as this activity is a favorite of students with high involvement.

Happy Landing!

PROCESS OBSERVER SHEET

Directions: Your job is to observe your group as it works. Try to keep your eyes on how the group functions and what individuals do and say to help the group with its task. Resist the temptation to become involved with the task. Notice the questions below so that you will watch for specific behaviors of your group. If more than one person is designated to observe, share responsibilities. You will be asked for a report at the end of the task.

1. What was the atmosphere in which the group worked (joyful, frivolous, tense, excited, playful, negative)?
2. How did your group reach decisions?
3. How did your group handle conflict (humor, sarcasm, open confrontation, shouting, withdrawing)?
4. To what extent were group members involved in the task? Did anyone try to get the task going? Did anyone try to sabotage task?
5. How did your group treat male/female differences? Example: did the males push ahead and the females retreat from the task?
6. How well did your group listen to each other?
7. Were there any leaders? Who were they? How did they function?
8. How did your group delegate or not delegate responsibility?
9. Note any put-downs; who gave more, males or females?
10. Why do you think your group was a success or failure?

THANK YOU FOR YOUR CONTRIBUTION!

Flight Plan Number 16: INSTANT REPLAY

- Objectives:
1. To become aware of differences in perception that we each have
 2. To practice communication skills
 3. To practice risk taking

Group size: Unlimited

Materials: Restroom Report Sheets
Optional: recorder (tape feedback from report chain)

Taking Off: A. INSTANT REPLAY
Procedure

1. Select six volunteers to act as the report chain. Number them one through six and send out of room.
2. Distribute Restroom Report Sheets to class.
3. Enter # 1. Leader reads the incident report to # 1.
Enter # 2; # 1 to the best of his ability retells the incident to # 2.
Enter # 3; # 2 repeats story to #3. Continue until all volunteers have reentered room and have had the opportunity to tell the story.
4. As each volunteer reports, the remainder of the class notes on their report sheet any changes in the "story".
5. After # 6 has given their version of the incident, the facilitator again reads the original report.

B. Process

1. Involve entire class in a discussion and focus on the difficulty to transfer information accurately; differences in perception.
2. Verbal sharing and notes in Flight Log are appropriate after this activity.

Happy Landing!

RESTROOM REPORT SHEET

SITUATION: Please listen carefully. A teacher was walking past the student restrooms and smelled smoke. Upon entering the teacher noticed that the room was blue with smoke and that a sweet smell seemed to fill the room. The teacher saw two students coming out of the stalls. Immediately the teacher escorted the students out of the restroom and walked down the hall past the cafeteria to the assistant principal's office. The teacher told the students about the school rule against smoking and that they could be suspended.

Directions: As each person gives their version of the report, note any additions, deletions, distortions from the previous report.

Report # 1

Report # 2

Report # 3

Report # 4

Report # 5

Report # 6

Flight Plan Number 17: QUAKER MEETING HAS BEGUN

- Objectives:
1. To identify those behaviors which help and hinder effective teamwork
 2. To become more sensitive to the effects of individual behavior on group teamwork
 3. To practice non-verbal communication and cooperation

Group size: Unlimited

Materials: Puzzle "set" for each group of five students, instruction sheets, observer sheets

Taking Off: A. QUAKER MEETING HAS BEGUN
Procedure

1. Begin with a brief discussion of the meaning of cooperation and non-verbal communication.
2. Form sextests: one person in each group will act as observer.
3. Distribute each set of five envelopes to each small group; each group member will have an envelope of puzzle pieces.
4. Task: fit the puzzle pieces into five squares per team or one square per person on the team. Several individual combinations will be possible but only one total combination results in five squares per group.

B. Rules for task

1. At signal begin to build squares
2. No talking
3. No one may signal for a puzzle piece
4. Group members may give pieces away to each other. No taking of pieces from each other
5. Time limit (optional)

C. Process

Flight Log: react to the following questions in journal:

1. How satisfied are you with your efforts to cooperate in the task?
2. How satisfied are you with the efforts of your group members?
3. How did the group's non-verbal messages help or hinder the completion of the task?
4. What have you learned about yourself in a group situation? What have you learned about group behavior?
5. List some areas in your life in which cooperation is very important.
6. What behaviors do you need to work on? Whose help do you need?

Hear reaction of observers; open discussion to entire group.

Happy Landing!

OBSERVER GUIDELINES

As an observer look for the following:

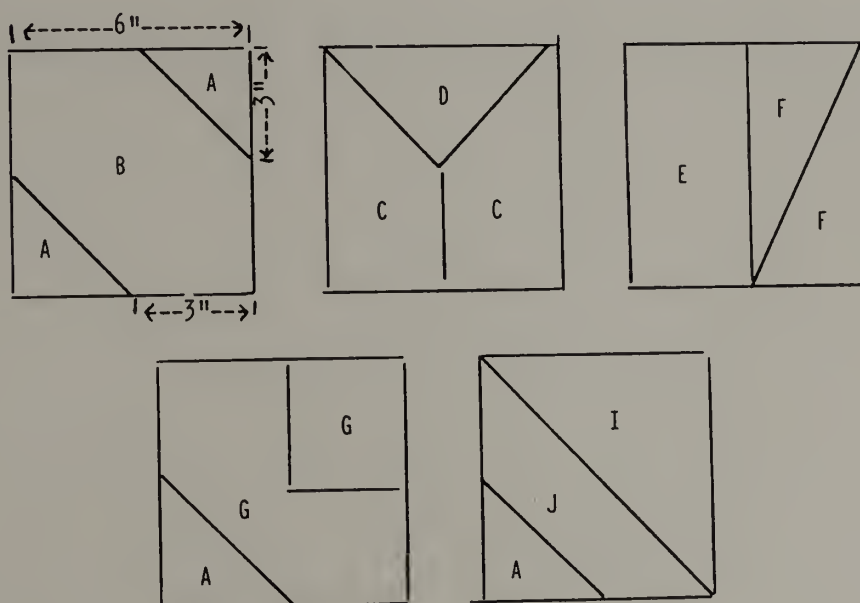
1. No talking violations.
2. Who was willing to share puzzle pieces?
3. Did anyone finish their puzzle and then withdraw from the group problem solving task?
4. Was anyone unwilling to give puzzle pieces away?
5. The level of frustration and enjoyment.
6. Was there a turning point when the group began to cooperate or ceased to cooperate?
7. Any pointing that was done.

HOW TO MAKE A SET OF PUZZLE PIECES (must be prepared before class)

A puzzle set consists of five envelopes containing pieces of tag board (stiff paper or construction paper) cut into patterns that will form 6" by 6" squares (see diagram). Cut each square into the parts **A** through **J** and lightly pencil in the letters. Mark the envelopes **A** through **E** and distribute the pieces as follows:

Envelope A ----- i, h, e
 Envelope B ----- a, a, a, c
 Envelope C ----- a, j
 Envelope D ----- d, f
 Envelope E ----- g, b, f, c

(erase the small letters and write instead the envelope letter **A** through **E** so that the pieces can be easily returned for reuse.)



Flight Plan Number 18: WHODUNNIT?

- Objectives:
1. To promote group cooperation, active listening
 2. To promote awareness of group issues related to influence
 3. To practice communication and listening skills

Group Size: Unlimited if enough clues are prepared; otherwise up to 27 people

Materials: Whodunnit clues

Taking Off: A. WHODUNNIT?
Procedure

1. Arrange entire group in a large circle
2. Assign one person to be process observer
3. Distribute clues of murder mystery equally among participants
4. Time limit: 15-20 minutes
5. Leader does not interrupt, make suggestions, or give hints

B. Task

1. Who killed Mr. Kelley?
2. Time murder was committed?
3. Murder weapon?
4. Motive?

Clues:

1. When he was discovered dead, Mr. Kelley had a bullet hole in his thigh and a knife wound in his back.
2. Mr. Jones shot an intruder in his apartment building at 12:00 midnight.
3. The elevator operator reported to police that he saw Mr. Kelley at 12:15 a.m.
4. The bullet taken from Mr. Kelley's thigh matched the gun owned by Mr. Jones.
5. Only one bullet had been fired from Mr. Jones' gun.
6. When the elevator person saw Mr. Kelley, Mr. Kelley was bleeding slightly.
7. A knife with Mr. Kelley's blood on it was found in Miss Smith's yard.
8. The knife found in Miss Smith's yard had Mr. Scott's fingerprints on it.
9. Mr. Kelley had destroyed Mr. Jones' business by stealing all his customers.
10. The elevator person saw Mr. Kelley's wife go to Mr. Scott's apartment at 11:30 p.m.
11. The elevator operator said that Mr. Kelley's wife frequently left the building with Mr. Scott.
12. Mr. Kelley's body was found in the park.
13. Mr. Kelley's body was found at 1:30 p.m.
14. Mr. Kelley had been dead for one hour when his body was found, according to medical expert working with police.
15. The elevator person saw Mr. Kelley go to Mr. Scott's room at 12:25 a.m.
16. The elevator person went off duty at 12:30 a.m.
17. It was obvious from the condition of Mr. Kelley's body that it had been dragged a long distance.
18. Miss Smith saw Mr. Kelley go to Mr. Jones' apartment building at 11:55 p.m.
19. Mr. Kelley's wife disappeared after the murder.
20. Police were unable to locate Mr. Scott after the murder.

21. When police tried to locate Mr. Jones after the murder, they discovered that he had disappeared.
22. The elevator person said that Miss Smith was in the lobby of the apartment building when he went off duty.
23. Miss Smith often followed Mr. Kelley.
24. Mr. Jones had told Mr. Kelley that he was going to kill him.
25. Miss Smith said that nobody left the apartment building between 12:25 a.m. and 12:45 a.m.
26. Mr. Kelley's blood stains were found in Mr. Scott's car.
27. Mr. Kelley's blood stains were found on the carpet in the hall outside Mr. Jones' apartment.

Answer: After receiving a superficial gunshot wound from Mr. Jones, Mr. Kelley went to Mr. Scott's apartment where he was killed by Mr. Scott with a knife at 12:30 a.m. because Mr. Scott was in love with Mr. Kelley's wife.

C. Process

1. Engage group in discussion
2. How was time lost getting organized?
3. Was a leader needed? Did anyone assume this role?
4. Were all members involved in the task?
5. Did anyone monopolize the discussion and solving process?
6. Did any leaders emerge that surprised the group?
7. Encourage participants to validate one another (I liked it when.....
I admired you for You were thinking when....)

Happy Landing!

WHODUNIT adapted from Learning Discussion Skills Through Games by Stanford, G., & Dodds, B.
New York: Citation Press, 1969.

Flight Plan Number 19: WANTED: LISTENERS

Objectives: 1. To explore the attitudes and assumptions that we have about effective and noneffective listening
2. To practice listening skills

Group size: Unlimited

Materials: Characteristics of effective listening sheet, Some Thoughts On Listening sheet

Taking Off: A. WANTED: LISTENERS
Procedure

1. Introduce and explain active listening concept
2. Brainstorm some of the following questions:
How do you feel when...
 - a. someone listens to you?
 - b. some contradicts you?
 - c. someone interrupts you when you are speaking?
 - d. you are not listened to very attentively?
 - e. someone is not listening to you?

3. Form dyads

Task: encourage each person to share a real life problem they are experiencing; each partner will practice active listening to each other.

B. Process: while still in dyads share the following:

1. How well did you listen to your partner. Be specific.
2. How well did your partner listen to you? Be specific.
3. What did you need from your partner?
4. Were you looking for anything specific from your partner?
5. What have you learned about your ability to listen?

C. Flight Log

In journal react to the following: Am I a good listener? Why is it important to listen? What specific thing do I need to work on to develop my listening skills?

Handouts: 1. Some Thoughts On Listening
2. Characteristics of Effective Listening

Happy Landing!

SOME THOUGHTS ON LISTENING

When I listen, it is important for me to:

- * Show interest
- * Take time to listen
- * Be an accepting person
- * Try to "fit" into the other person's shoes
- * Allow the other person to express their feelings
- * Be aware of the other person's verbal and non-verbal behavior
- * Respond reflectively; I am like another person's mirror
- * Let my behavior show I am listening, rather than having to "tell" that I'm listening
- * Avoid moralizing or judging; don't play God
- * Avoid ridicule or sarcasm when I have the opportunity to hear what another is feeling and saying
- * Withhold the temptation to quickly give advice
- * Talk less and hear more
- * I need not be afraid of silence
- * Keep practicing and improving my listening skills

Sensitive listening helps me understand the complexity of a person's problem. It is all too easy for me to:

Think I understand people and their difficulties when I don't really listen intently to their thoughts and feelings;

Think I understand a situation when I see only part of it and experience even less of it;

Think I understand the problems people face when I have only a surface knowledge of the problem's elements and relevance, or when I deal merely with symptoms and not cause.

CHARACTERISTICS OF EFFECTIVE LISTENING

| Ineffective | Effective |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Non-Verbal Behavior | |
| Listener looks bored, uninterested or judgmental; avoids eye contact; displays distracting mannerism | Listener maintains positive posture; avoids distracting mannerism; keeps attention focused on speaker; maintains eye contact; nods smiles when appropriate |
| Focus of Attention | |
| listener shifts focus of attention to himself: "When something like that happened to me, I ..." | Listener keeps focus of her comments on the speaker: "When that happened, what did you do?" |
| Acceptance | |
| Listener fails to accept speaker's ideas and feelings: "I think it would have been better to....." | listener accepts ideas and feelings: "That's an interesting idea; can you say more about it?" |
| Empathy | |
| Listener fails to empathize: "I don't see why you felt that...." | Listener empathizes: "So when that happened, you felt angry." |
| Probing | |
| Listener fails to probe into an area, to follow up on an idea or feeling. | Listener probes in a helpful way (but does not cross examine); "Could you tell me more about that? Why did you feel that way?"; listener follows-up; "A few minutes ago you said that ..." |
| Paraphrasing | |
| Listener fails to check the accuracy of communication by restating in his own words important statements made by the speaker. | Listener paraphrases at the appropriate time |
| Summarizing | |
| Listener fails to summarize | Listener summarized the progress of the conversation from time to time |
| Advise | |
| Listener narrows the range of alternatives by suggesting a "correct" course of action | Listener broadens the range of ideas by suggesting (or asking the speaker for) a number of alternatives |

Flight Plan Number 20: CAUGHT IN THE BIND

- Objectives:
1. To practice listening skills
 2. To practice rank ordering based on value system
 3. To experience feedback on the quality of listening/communication skills

Group size: Unlimited

Materials: The Marijuana Story

Taking Off: A. CAUGHT IN THE BIND

Procedure

1. Form dyads

2. Rehearsal time

To your partner state a problem you are currently having; partner will active listen.

Using rehearsal time, clarify and seek solutions to problem.

Rehearsal time is much like role playing in that each partner is the surrogate person with whom each partner is having a problem.

Rehearsal time is in a sense planning time for each person to "try on" new behaviors and solutions to their problem and to receive "surrogate feedback".

3. In Flight Log record how this task has or has not been helpful.

B. The Marijuana Story

1. Distribute The Marijuana Story sheets; read story

2. Form quartets or sextets

3. Work on task at end of story

4. Process

In your Flight Log write several paragraphs regarding how you would feel if you were in "Tim's shoes".

What could have happened to make the outcome more positive?

Happy Landing!

THE MARIJUANA STORY *

Tim, a high school student, moves with his parents to a new community in October of his senior year. He is rather shy and doesn't make friends easily; most of his fellow students regard him as a "brain" because he is taking accelerated courses in science and math. His parents want him to go to college and have decided that he is not to go out on school nights; he must stay home and study.

Pam is in Tim's American History class. She thinks he's cute and has been trying to coax him into asking her out for a date. Tim, however, has never considered this because Pam is a cheerleader and a member of the popular set at school, and anyhow, Tim has to stay in and study most of the time.

One Tuesday afternoon, Pam gives into impatience and asks Tim over for the evening to listen records. Tim eagerly accepts. At dinner that night he tells his parents that he is going over to a friend's house to work on a science project and will be home around ten o'clock. At seven he makes his escape.

He goes to Pam's house and soon they are in the cellar recreation room talking and listening to the stereo. About eight o'clock, Pam reaches into her pocket and pulls out a plastic bag. She asks Tim if he'd like to smoke some grass. Tim takes the bag and looks inside it. He is curious about marijuana -- he has never seen it before.

Suddenly Pam's father walks in. He halts and stares at the couple and then grabs the bag from Tim. He looks at Tim and then at his daughter. "Is this marijuana?" he inquires. Pam looks down, and Tim sits there, speechless. "Pam," says her father, "You go to your room while I take this young hood to the police station."

"What's your name, boy?" Tim is scared. He blurts out the name of one of the kids in his class rumored to sell drugs.

Pam's father leads Tim to the car muttering imprecations about slum punks and bad apples that ruin the whole barrel. Once in the car, he calms down and asks Tim where he lives. Tim tells him his address, hoping he won't be taken to the police station.

Finally, they arrive at Tim's house, and in the heat of Pam's father's confrontation with Tim's parents, no introductions take place. Pam's father departs shortly saying, "The only reason I brought him home is that I don't want to put a kid in jail just because he's had the misfortune of a bad upbringing."

Tim's mother starts on a rampage of verbal abuse. "How long has this been going on? After all I've done for you; now you slap me in the face. We gave you everything!" His father motions him to go to his room and says, "Get some sleep. We'll talk about this in the morning when we've all calmed down."

In the morning, Tim finds that his father has gone to work early and his mother has some news for him: "Your father and I had a long talk last night and I finally persuaded him to go along with my decision. From now on you'll do all of your studying at home. Weekends you'll work in your father's store and all of your earnings will be put away for your college education."

*From Human Values in the Classroom by Hawley, R.C., & Hawley, I.L. New York: Hart Publishing Company, Inc., 1975.

Process:

1. Rank order the characters from the one whose actions you most approve to the one whose actions you least approve: Tim, Pam, Pam's father, Tim's father, Tim's mother.
2. Form quartets/sextets and discuss rank ordering.
3. Designate five areas of the classroom by the names of the characters. Ask students to move to the area which represents their highest ranked character. Groups meet and share their reasons for selecting that character. Further discussion can be shared with the entire group.
4. Role playing
Groups can role play the following:
 - a. What could have Pam's father done when he saw the marijuana?
 - b. What could have happened at Tim's house when Pam's father left?
 - c. What can Tim do now? Role play the morning meeting between Tim and his mother.
5. Variation: In small groups instruct students to creatively end the story with a positive focus. Present short skits of new ending to entire group.

Flight Plan Number 21: I - MESSAGES

- Objectives: 1. To become aware of the skill of sending I-Messages
2. To practice sending I - Messages

Group size: Unlimited

Materials: I - Message Situational Sheet

Taking Off: A. I - MESSAGE
Procedure

From Dr. Thomas Gordon's Effectiveness Training Model comes the concept of I - messages. These non-judgmental responses are messages that create communication with our friends.

All of us are aware of the hurtful "you messages," you make me sick; you are a slob when you eat; you better turn TV off or else. Most of us get our share of these messages daily. You messages immediately bring out our defenses and we either "fight or flee." Many of us cope by sending back a flurry of negative "you messages" - put-downs. You messages are blocks to communication.

Explain the three parts of an "I message"

1. feeling: state or describe how one feels
2. behavior: state or describe the behavior which causes the feeling
3. result/because: state or describe specifically and concretely how the behavior impacts you

For example: I really feel uptight when my sister makes a mess of my room because I work hard to keep it in order. I get angry when you ride my bike without permission because I saved a long time before I could buy it and I'm afraid you'll have an accident.

The I - Message skill leads to clearer communication among parents, peers, teachers, brothers and sisters, etc.

Task: introduce, illustrate and discuss this skill with entire group

Flight note: In class or use as an assignment the I - Message Situational Sheet.

Divide into dyads and practice sending I messages.

Happy Landing!

| A. CONFLICT SITUATION | B. YOU MESSAGE | C. I MESSAGE |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|
| 10. Students working on a team project are so loud in the library that others are having trouble studying. | | |
| 11. Mr. Pegelow promises to watch Janet's lunch while she runs an errand for him. When Jan returns, Mr. P. has left and her lunch is missing. | | |
| 12. Mr. Jordon is furious because his oldest son left the hose running all night. | | |
| 13. Mom is upset because Joy and Jack leave the doors open when the air conditioner is running. | | |
| 14. Mary is upset because she loaned her notebook to Bob and he didn't return it. Notebook is due today. | | |
| 15. Mrs. Wolf walks into class as Stu and Brian are shoving and pushing each other against the wall. | | |
| 16. Walt destroyed Bill's paper-mache project. Bill had worked 3 weeks on the project. | | |

Flight Plan Number 22: LEVELS OF CONCERN

- Objectives: 1. To become aware of stereotypes
 2. To become aware of values and beliefs
 3. To isolate teenage stress issues

Group size: Unlimited

Materials: 16 mm projector, film: Journey Through Stress, newsprint, markers,
 Tom Kaye Story

Taking Off: A. LEVELS OF CONCERN
 Procedure

1. Discuss the meaning of stereotypes and how they effect our relationships
2. Form quartets
3. Distribute Tom Kaye Story
 - a. Individually read the story
 - b. Individually write an ending to the story
4. In quartet share stories and pick one to share with entire group
5. Process: group sharing of story endings. Discuss the story;
 In Flight Log react to: (1) why do people fear getting involved
 in situations, (2) first impressions are not always accurate, (3)
 from the Tom Kaye Story I learned...

B. Journey Through Stress

1. Discuss the definition of stress
2. Discuss the physical signs of stress and ways of coping with it
3. View film
4. Process : form new quartets
 - a. Brainstorm typical teenage stress situations (taking tests,
 giving oral reports, applying for job, etc.)
 - b. List on newsprint and post
 - c. Brainstorm ways of coping with stress
 - d. List on newsprint and post
 - e. In Flight Log write a Dear Stress letter.

Flight Note: Journey Through Stress can be secured from Agency for Instructional Tele-
 vision, Box A, Bloomington, Indiana 47402.

Happy Landing!

TOM KAYE STORY

It was a strange feeling for Tom Kaye as he walked down the street. The buildings swayed and the sidewalk moved and he realized he wasn't walking straight. So, apparently, did people in the street. As he walked slowly and unsteadily toward a neatly dressed woman, she gasped and walked rapidly away. Tom stopped. He looked around and uttered a quiet "mish-ter", but nobody seemed to hear. Several passers-by just kept walking as if he didn't exist.

He was not well dressed although he was neat and he carried the bag of a salesman. It was true, he was sad. He worked very hard, starting at dawn, not returning home till evening. But even working more than 12 hours a day did not get him very far. He still barely earned enough money to support his wife and child, and he was worried about how they would feed another when the new baby came in a few months. And now this. He didn't understand it. He had never been sick before.

Tom walked up to a well dressed gentleman, began to say "Mish-ter", but the man simply shook his head, said "It's too bad, fellow," and continued walking. He was kindly enough but of no help.

Tom stood still waiting for someone else to pass by. As soon as he spotted a young man about his own age, he called out, "Mish-ter, please...", but the man cut him off in mid-sentence. "Serves you right," he said. "And so early in the day. If you must drink, at least do it at night." And he walked away with a scowl on his face.

Even in his cloudy brain, Tom realized he must get help. He wasted no words on the next passer-by, an older woman who looked very dignified. "I'm sick, madam," he said. "Please..." "You certainly are," she replied. "Anybody who drinks too much is," and she continued walking, her head high in the air.

By now, Tom was reeling. He could barely stand up. He really felt sick, but nobody would help. He was certain he was going to pass out, when he saw a man standing in the doorway of a warehouse about 40 feet away. In desperation, he made his legs move, hoping to reach the doorway before the man disappeared or Tom himself collapsed. It seemed like hours, but he finally made it. There stood a tall, muscular guy, smoking a cigar, a smile on his face.

"I'm sick." Tom said. "Please help."

The man (Jack was embroidered on his work shirt) said, "Yeah, go home and sleep it off. I've had a few too many myself at time," and he laughed.

"But...I...can't...I'm really sick...Please...get...help," Tom gasped.

Jack laughed again. "It sure is awful after the 'high' wears off," he said.

"Please...", Tom pleaded. "Call...for...help...", and he pointed unsteadily to a telephone behind Jack.

TASK: Complete the story by describing what, if anything, Jack does and what happens to Tom.

ACTUAL ENDING OF STORY: **this a true story** (distribute or read after students have discussed the completions they wrote.)

Jack finally dialed. Maybe the guy was on the level. Jack realized he didn't smell of alcohol, and he couldn't be 100% sure.

The ambulance raced through the streets to the nearest hospital. In the emergency room Tom was promptly examined. The doctor rushed him into an oxygen tent and relaxed when he saw his breathing was easier.

He said to a nurse, "Haven't seen a case like this in years. A collapsed lung. He's lucky he got here when he did. It'll be weeks before the lung heals. He'll be here for a while."

When Mrs. Kaye arrived, Tom was comfortable and awake. Still, he found it difficult to speak, but slowly he said, "They thought...I was...drunk. Can you...imagine...that?"

All he ever had was a little wine at religious ceremonies. He had never drunk hard liquor in his life, not even a taste.

Flight Plan Number 23: WILD Z: INTERGROUP COMPETITION

- Objectives:
1. To explore trust between group members and effects of betrayal of trust
 2. To demonstrate effects of interpersonal competition
 3. To become aware of the merits of collaborative group action
 4. To foster influence and inclusion in group activities

Group size: Up to 32

Materials: Wild Z Tally Sheets, pencils

Taking Off: A. WILD Z: INTERGROUP COMPETITION

Procedure

Space needed so that two teams can meet separately without overhearing or disrupting each other. For step 7, two chairs for team reps should be placed facing each other in the center of the room.

1. The leader explains that the group is going to experience a situation in which a certain amount of **risk taking** and **trust** is involved.(e.g., when labor and management meet at the bargaining table in order to negotiate a contract) In this experience risk taking is involved when reps bargain during rounds 4, 9, 10.
2. Two teams (or four) are formed and named Blue and Gold. Teams are seated apart from each other; they are not to communicate with each other in any way, verbally or nonverbally, except when told to do so by the leader.
3. Distribute Wild Z Tally Sheets to all; study directions. Check for questions regarding the scoring.
4. **Round 1 begins:** Teams have 3 minutes to make a team decision. Teams instructed not to write their decision until time is signaled, so that they will not make hasty decisions.
5. Announce choices for Round 1 and score. Leaders may choose to keep a running score on the chalkboard or flip chart for added incentive.
6. **Rounds 2 and 3** are conducted in the same manner as Round 1.
7. **Round 4** is announced as a special round,for which the payoff points are doubled. Each team sends one rep to the chairs in the center of the room. After reps have conferred for three minutes, they return to their teams. Teams then have three minutes in which to make their decisions. Remember that points for this round are doubled and should the Wild Z be employed successfully, the doubled payoff points are doubled again.
8. **Rounds 5 through 8** are conducted in the same manner as the first three rounds.
9. **Round 9** is announced as a special round; payoff points are "squared" (multiplied by themselves, e.g., a score of 4 would be $4^2=16$.) Minus signs are retained, e.g., $-3^2=-9$. Team reps meet for three minutes; teams meet for five minutes.
10. **Round 10** is handled exactly as Round 9. Payoff points are squared. Remember is the Wild Z is employed successfully, the squared payoff

points are doubled.

B. Process

Process together as a group. The point total for each teach is announced. At this time the leader may wish to lead a discussion about win-lose situations, zero-sum games, the relative merits of collaboration and competition and the effects of high and low trust regarding interpersonal relationships.

C. Variations

1. Competition can be carried out using fake money or poker chips instead of points.
2. Assign process observers to each term and monitor group dynamics.
3. Place teams in separate rooms to minimize rule breaking.
4. Vary number on each team.
5. Collaboration might be enhanced by summing the two team totals; each team could predict before round 1 begins the number of total points to be achieved.

Flight Note: An effective and high interest activity!

Happy Landing!

WILD "Z" TALLY SHEET

Instructions: For 10 successive rounds, the Blue team will choose either an A or a B and the Gold team will choose either an Z or a Y. The score each team receives in a round is determined by the pattern made by the choices of both teams, according to the schedule below. "Z" is a **WILD LETTER** and can be used during four of the ten rounds.

PAYOFF SCHEDULE

| |
|--------------------------------|
| AX -- Blue Team wins 3 points |
| AY -- Blue Team loses 3 points |
| BX -- Gold Team wins 3 points |
| BY -- Gold Team loses 3 points |

Limitations of "Z": If both teams elect to use "Z", the "Z" factor is canceled and the payoff points are awarded according to the original schedule. If only one team elects to use "Z", payoff points are doubled, e.g., Az Xz = z is canceled; blue wins 3points. Bz Y = gold wins 6 points.

SCORECARD

| Round | Minutes | Choice | | Cumulative Points | |
|-------|---------------------|-----------|-----------|-------------------|-----------|
| | | Blue Team | Gold Team | Blue Team | Gold Team |
| 1 | 3 | | | | |
| 2 | 3 | | | | |
| 3 | 3 | | | | |
| 4* | 3(reps) 3(teams) | | | | |
| 5 | 3 | | | | |
| 6 | 3 | | | | |
| 7 | 3 | | | | |
| 8 | 3 | | | | |
| 9** | 3(reps) 3(teams) | | | | |
| 10** | 3(reps) 5(teams) | | | | |

* Payoff points are doubled for this round

** Payoff points are squared for this round (retain the minus sign)

Flight Plan Number 24: SPACED OUT: AN ADVENTURE IN GROUP CONSENSUS REACHING

- Objectives:
1. To identify some of the dynamics that may occur during a timed or pressured decision making process
 2. To practice communication
 3. To become aware of the power of persuasion
 4. To become aware that differences in opinion can be helpful

Group size: Unlimited

Materials: Spaced Out Instruction Sheets, Spaced Out Worksheets

Taking Off: A. SPACED OUT
Procedure

1. Form groups of from four to six members each
2. Distribute Spaced Out Worksheets to all, note instructions
3. Individually mark worksheets
4. Groups select a recorder; as a group rank order the worksheet
5. Leader gives answers
6. Compute individual and group scores

B. Process

In large group or record in Flight Log reaction to the following questions:

1. In your group was there an attitude of cooperation or competition?
2. Who were the leaders that emerged from your group?
3. Was their leadership challenged?
4. Did every group member have a chance to make suggestions? If not, why not?
5. What were some of the barriers that caused your group not to come to consensus?
6. Was this experience difficult or easy? Explain.

Happy Landing!

SPACED OUT WORKSHEET

Instructions: You are a member of a space crew originally scheduled to rendezvous with a mother ship on the lighted surface of the moon. Due to mechanical difficulties, your ship was forced to land at a spot some 200 miles from the rendezvous point. During landing much of the equipment aboard was damaged; since survival depends on reaching the mother ship, the most critical items available must be chosen for the 200 mile trip. Listed below are the 15 items left intact and undamaged after landing. Your task is to rank order them in terms of their importance for your crew to use them in reaching the rendezvous point. Place the number 1 by the most important item, the number 15 by the least important.

| RANK | ANSWER | MY SCORE | GROUP SCORE |
|--------------------------------------------------|--------|----------|-------------|
| _____ Box of matches | _____ | _____ | _____ |
| _____ Food concentrate | _____ | _____ | _____ |
| _____ 50 feet of nylon rope | _____ | _____ | _____ |
| _____ Parachute silk | _____ | _____ | _____ |
| _____ Portable heating unit | _____ | _____ | _____ |
| _____ Two .45 calibre pistols | _____ | _____ | _____ |
| _____ One case dehydrated Pet milk | _____ | _____ | _____ |
| _____ Two 100 lb. tanks of oxygen | _____ | _____ | _____ |
| _____ Stellar map(of the moon's constellation) | _____ | _____ | _____ |
| _____ Life raft | _____ | _____ | _____ |
| _____ Magnetic compass | _____ | _____ | _____ |
| _____ 5 gallons of water | _____ | _____ | _____ |
| _____ Signal flares | _____ | _____ | _____ |
| _____ First aid kit containing injection needles | _____ | _____ | _____ |
| _____ Solar-powered FM receiver-transmitter | _____ | _____ | _____ |

Guidelines in reaching consensus

1. Avoid arguing for your own individual judgments. Approach the task on the basis of logic.
2. Avoid changing your mind only in order to reach agreement and avoid conflict. Support solutions with which you are able to agree somewhat, at least.
3. Avoid "conflict reducing" techniques such as majority vote, averaging, or trading, in reaching your decision.
4. View differences of opinion as helpful rather than as a hindrance in the decision-making process.

SPACED OUT ANSWER SHEET

RATIONALE

CORRECT NUMBER

| | | |
|-------------------------------------------------------|-----------|--------------------------------------------|
| No oxygen | <u>15</u> | Box of matches |
| Can live for some time without food | <u>4</u> | Food concentrate |
| For travel over rough terrain | <u>6</u> | 50 feet of nylon rope |
| Carrying | <u>8</u> | Parachute silk |
| Lighted side of moon is hot | <u>13</u> | Portable heating unit |
| Some use for propulsion | <u>11</u> | Two .45 calibre pistols |
| Needs water to work | <u>12</u> | One case dehydrated Pet milk |
| No air on moon | <u>1</u> | Two 100 lb. tanks of oxygen |
| Needed for navigation | <u>3</u> | Stellar map |
| Some value for shelter/carrying | <u>9</u> | Life raft |
| Moon's magnetic field is different from earth's | <u>14</u> | Magnetic compass |
| You can't live long without this | <u>2</u> | 5 gallons of water |
| No oxygen | <u>10</u> | Signal flares |
| First aid kit might be needed but needles are useless | <u>7</u> | First aid kit containing injection needles |
| Communication | <u>5</u> | Solar powered FM receiver-transmitter |

SCORING DIRECTIONS

Group recorder will direct scoring. Individuals will:

1. Score the net difference between their answers and correct answers. For example, if the answer was 9, and the correct answer was 12, the net difference is 3. Three becomes the score for that particular item.
2. Total these scores for an individual score.
3. Next, total all individual scores and divide by the number of participants to arrive at an average individual score.
4. Score the net difference between group worksheet answers and the correct answers.
5. Total these scores for a group score.
6. Compare the average individual score with the group score.

Ratings: 0-20 Excellent
 20-30 Good
 30-40 Average
 40-50 Fair
 over 50 Poor

Flight Plan Number 25: BLOCKS TO COMMUNICATION

- Objectives:
1. To become aware of communication blocks
 2. To identify new relationships with parents
 3. To become aware of changing adolescent needs

Group size: Unlimited

Materials: Risky Rascals Sheet, newsprint, markers, 16 mm projector, film: Daddy's Girl

Taking Off: A. BLOCKS TO COMMUNICATION
Procedure

1. Form quartets or sextets
Brainstorm (5 minutes) blocks to communication
2. Record ideas on newsprint and post
3. Select the ten best ideas and rank order
4. Distribute Risky Rascals Sheet and discuss

B. Film: Daddy's Girl

1. Before the film discuss parent-teenager relationships
 - a. How do parents show love and concern for their teenagers?
 - b. Do you think parents always recognize how much they are loved?
 - c. How do you show love for your parents?
 - d. Do teenagers always know how much they are loved by parents?
 - e. Why do parents often find it hard to let teenagers make decisions on their own?
2. View film

C. Process

1. What were some of the feelings that you had during the film?
2. How did you relate to Jean? Jordon? Mac?
3. Identify the communication roadblocks that were evident in the film.
4. Is this film realistic? If not, why not?

Flight Note: Daddy's Girl can be secured from Agency for Instructional Television, Box A, Bloomington, Indiana 47402.

Handouts: 1. Risky Rascals Sheet

Happy Landing!

RISKY RASCALS: COMMUNICATION ROAD BLOCKS

Risky Rascals take responsibility away from the other person and put them under the control of someone else. Solution messages say to the other person: "You're too dumb to figure out the problem, so I have to do it for you."

1. **ORDERING, DIRECTING, COMMANDING:** Telling other people to do something, i.e., giving them an order/command. (you must, you will)
2. **WARNING, ADMONISHING, THREATENING:** Alluding to the use of your power by telling another person what consequences will occur if they do something. (you better do ... or else)
3. **MORALIZING, PREACHING, OBLIGING:** Telling another person what they should or ought to do. (it's your duty, good people ...)
4. **ADVISING, GIVING SUGGESTIONS OR SOLUTIONS, JAMMING:** Telling other people how to solve their problems. (why don't you ...; it would be better if you ...)
5. **PERSUADING WITH LOGIC, ARGUING, INSTRUCTING, LECTURING:** Trying to influence the other person with facts, counter arguments, logic, information, or your own opinions.

PUT DOWN MESSAGES

This segment of the Risky Rascals directly attacks the self-worth and integrity of the other person, saying in effect: "There is something wrong (bad) about you that needs to be fixed."

6. **JUDGING, CRITICIZING, DISAGREEING, BLAMING:** Making negative judgments or evaluations of another person. (you ought to be ashamed)
7. **PRAISING, AGREEING, EVALUATING POSITIVELY, APPROVING:** Manipulating another through flattery or implied promise of reward.
8. **NAME CALLING, RIDICULING, SHAMING:** Making the other person feel foolish; stereotyping or categorizing. (girls always act that way)
9. **INTERPRETING, ANALYZING, DIAGNOSING:** Telling people what their motives are or analyzing why they are doing or saying something; communicating that you have figured them out.
10. **REASSURING, SYMPATHIZING, CONSOLING, SUPPORTING:** Trying to make other people feel better; talking them out of their feelings; trying to make their feelings go away; denying them the strength of their feelings.
11. **PROBING, QUESTIONING, INTERROGATING:** Trying to find reasons, motives, causes; searching for more information to help you solve the problem. (giving people the "third degree".)

DENIAL MESSAGES

These responses minimize or deny the importance of the other person's feelings, needs, saying to them indirectly: "Your feelings are ridiculous and you should forget about them."

12. **WITHDRAWING, DISTRACTING, HUMORING:** Trying to get the other person away from the problem; withdrawing from the problem yourself; distracting the person; kidding them out of their feelings; pushing the problem aside.

Flight Plan Number 26: GOALS GOALS GOALS

Objectives: 1. To experience and explore goal setting as an individual
2. To fantasize what the future might bring

Group Size: Unlimited

Materials: Personal Goals Worksheet

Taking Off: A. GOALS GOALS GOALS
Procedure

1. Facilitator should develop and present a short vignette on goal setting and its importance.
2. Individually work on the Personal Goal Worksheet.
3. The worksheet deals with issues of education, family, leisure time, personal relationships, friendships, life planning, health and physical well being, long and short term goals.

For each of these issues think of specific goals you have for yourself or for which you might like to set and work toward. List these goals in the space provided. Next, check all the boxes to the right of each goal that are appropriate for you. Be sure to rank order your goals.

Include worksheet in Flight Log. You may wish from time to time to make additions or deletions as new insights and data become available to you.

4. Form dyads or trios:

Instruct students to share worksheets. What thoughts or feelings came to mind as you worked through the goals task? Share plan for achieving goal.

B. Process

In Flight Log write a series of "I know I must ... if this goal is to become a reality for me" statements.

Happy Landing!

A. I've considered the risks involved

B. Action plan for achievement

C. Consistent with other goals

D. Freely chosen

E. From alternatives

F. An achievable goal

G. High priority goal

H. I'm proud of it

I. Long/short

term

Rank

Order

Specifically my leisure time goals are:

| | | | | | | | | | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | |

Specifically my personal relationship goals are:

| | | | | | | | | | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | |

Specific long term goals are:

| | | | | | | | | | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | |

Specific short term goals are:

| | | | | | | | | | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | |

OTHER GOALS

Daily

Weekly

Monthly

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

Flight Plan Number 27: FROM HERE TO ETERNITY

- Objectives: 1. To practice goal setting
2. Future awareness practice

Group size: Unlimited

Materials: Newsprint, markers, tape

Taking Off: A. FROM HERE TO ETERNITY

Procedure

1. Form trios
2. Think ahead for one or two years; what's out there in the future for you? Brainstorm a list of events you want to happen and record them on newsprint.
3. Hook up with another trio: share lists and come up with a composite list to share with entire class.
4. Class sharing

B. Time Line

Individually draw a horizontal line across a Flight Log page. At the far left of the line mark your birth year; at the far right of the line mark your death year (figure out the number of years you want to live); place an X on the line to represent current year. Then draw an arc from birth year to present year and an arc from present year to death year. See example.



This person hopes to live until age 80 with the majority of their life yet to live.

1. Now the question becomes what do you want to do with the rest of your life? What goals have you set for your life? How are you programming your life?
2. In your Flight Log head a sheet of paper "Twenty Things I Want To Do Before I Die." List all those things you want to see, experience, enjoy, etc. before you die. Then, rank order list, check (X) those things you need to get started on now, code others as long or short term goals.

C. Process

Note reaction to these activities in Flight Log. Some appropriate stem sentences might be: "I wonder what would happen if ...," "I learned that if my future is to come true I need to ...," "I am excited that I ...," "I noticed that ..." Make a list of 5 - 10 year goals, lifetime goals.

Happy Landing!

Flight Plan Number 28: DEALING WITH DEATH

- Objectives: 1. To become aware of the issues around death
 2. To practice verbalizing feelings of death

Group Size: Unlimited

Materials: Death Planning Board

Taking Off: A. DEALING WITH DEATH

Procedure

Viewing an appropriate film would enhance this flight plan.

1. Form quartets and break into dyads. Individually make a list of people in your life who have died. (friends, family, relatives, neighbors, teachers, etc.)

First dyad: Share a time when you experienced dealing with the death of a friend or loved one.

Second dyad: Share a time when you were close to death -- you experienced a "close shave" or a "close call" with death or you thought you were near death (accident, etc.).

2. Form another quartet and break into dyads.

First dyad: What are your earliest memories associated with death?

Second dyad: Share how you were told about death as a child.

Third dyad: Share how you would tell a child about death.

3. Death Planning Board

See directions on sheet

B. Process

1. In Flight Log write your own obituary or write what you want people to say about you or remember you; be specific.
2. In Flight Log react to the following:
 - a. How do you wish you had been told about death?
 - b. Does the thought or belief in life after death influence your attitudes and values about death and dying?
 - c. Write your personal philosophy of death.

Happy Landing!

DEATH PLANNING BOARD

Instructions: Rank order the following on your planning board with numbers 1 and 2 being the most important priority (Park Place and Board Walk); numbers 11 and 12 are least important priorities (Siberia and Baltic).

Divide a separate sheet of paper into 12 equal parts. Twelve small slips of paper are needed for each participant. On slip write key word as leader gives statement. Arrange slips on planning board according to their priority. You may move slips of paper from one space to another, however, only one slip per space; you must make a choice.

Leader reads the following statements. Key word in bold print.

When I think about death I would like to ...

1. Die without **pain**
2. Die **suddenly**
3. Die in my sleep
4. Have my **family** at my death bed
5. Not **know** that I was dying
6. Die **alone**
7. Make my own **funeral arrangements**
8. Die after my **70th** birthday
9. Die with **dignity**
10. Will my body for **scientific study**
11. Have only a memorial celebration of my death (**no viewing**)
12. **Wild Card** (you state something that is important to you that hasn't be given)

Finally, set your board up so that you are comfortable with it, then number your slips consecutively as you have them lined up on your board. Should we do this very same board again at a later date, you no doubt would have new insights and your order might be different.

Task: In dyad or trio share and discuss your board. Reflect on how and why you ranked the items the way you did. Does the way you arranged these alternatives reflect in any way your feelings about death and dying?

Process: In Flight Log write some reactions to the following sentence stems:

- I noticed that I ...
- I learned that I ...
- I see that I need to ...
- I wonder what would happen if ...
- When I think of death I feel ...

Flight Plan Number 29: COPING WITH DIVORCE

- Objectives:
1. To practice verbalizing feelings about divorce
 2. To practice brainstorming skills
 3. To become aware of personal feelings about divorce

Group size: Unlimited

Materials: Divorce Planning Board, newsprint, markers

Taking Off: A. COPING WITH DIVORCE
Procedure

1. Form quartets
Brainstorm (5 minutes) ways of coping when parents divorce
2. Record ideas on newsprint and post
3. Select the 10 best ideas and rank order
4. Break into dyads
 - a. First dyad: With your group's rank ordering, share how you think you would react if your parents were getting a divorce.
 - b. Second dyad: Where would you go for comfort if your parents were getting a divorce.
 - c. Third dyad: Share immediate problems that would enter your life should your parents divorce.
5. Divorce Planning Board
See instructions on sheet

B. Process

Process brainstorming by post lists and discussing them with entire group.

In Flight Log reflect and jot down the thoughts and feelings this task generated. Did you learn anything about yourself? If so, what? Write a paragraph or two and fantasize what it would mean for you if your parents got a divorce. How would it effect your relationships with your friends, grandparents, teachers, school work, feelings about self, etc.

Happy Landing!

DIVORCE PLANNING BOARD

Instructions: Rank order the following on your planning board with numbers 1 and 2 being the most important priority (Park Place and Board Walk); numbers 11 and 12 are least important priorities (Siberia and Baltic).

Divide a separate sheet of paper into 12 equal parts. Twelve small slips of paper are needed for each participant. On slip write key word as leader gives statement. Arrange slips on planning board according to their priority. You may move slips of paper from one space to another, however, only one slip per space; you must make a choice.

Leader reads the following statements. Key word is in bold print.

My parents are getting a divorce and ... Or If my parents were getting a divorce ...

1. I feel **rejected** by them
2. I have no one to **TALK** this over with
3. I feel like a ping-pong ball being bounced **back and forth** from one parent to the other
4. My **life** is being shattered
5. I feel **ashamed** and don't want anybody to know about it
6. I feel **isolated** from my friends
7. I feel **unloved** by both parents
8. My **school work** is suffering because of the hassle at home
9. I feel **disloyal** because I want to live with only one of them
10. I feel **anger** toward them
11. I really feel **hurt** and **scared** when I think about it
12. **Wild Card** (you state something that is important to you that hasn't been given)

Finally, set your board up so that you are comfortable with it, then number your slips consecutively as you have them lined up on your board. Should we do this very same board again at a later date, you no doubt would have new insights and your order might be different.

Task: In dyad or trio share and discuss your board. Reflect on how and why you ranked the items the way you did. What were you thinking and feeling as you prioritized this board?

Process: In Flight Log write a letter to your parents telling them how a divorce would impact your life.

Flight Plan Number 30: WRAPPING IT UP

- Objectives:
1. To end sessions on a positive note
 2. To become aware that we've "just begun"

Group size: Unlimited

Materials: Varies with closure activity

Taking Off: A. WRAPPING IT UP

Procedure

At this point feedback evaluation forms are appropriate.

B. Closure Ideas

1. Clean up loose ends

2. Sing a few songs

3. **Highlights of sessions:** Form a large circle and share some of the high points of experiencing group work. For example, the "whip" technique could be used with the following unfinished sentences:

I am someone who...

The neatest thing about this group was ...

The funniest thing that happened in group was ...

The best thing that happened to me this week was ...

Do you remember when ...

I wonder what would happen if ...

I learned ... from this group

I learned to know ... better as a result of this group

Something I learned about myself is ...

If I were in this group again I would ...

I am becoming the kind of person who ...

4. **Becoming:** Group members are instructed to write their first names in large block letters on a sheet of notebook paper. Then instruct them to complete the following sentence in as many ways as they can think: "I am becoming a person who ..." Then mill silently around the room and read each other's message.

5. **Nebulating:** Group stands in a circle with arms around each other's shoulders/waists. Gently sway back and forth, making eye contact with each other.

6. **Contracts:** Participants make contracts with one or more people that a certain thing will be done by a specific time.

7. **Mail Boxes:** Participants are given small cards/paper on which they write validation messages to each group member. When all have finished, instruct them to write their first name on a card and take off their shoes, placing the name card in one shoe so that it can easily be read. Members then deliver their "mail" to the group by placing their messages into the empty shoes. Mail is collected, read and group leaves.

8. **Symbolic Gifts:** Group members verbally give each other gifts (fantasy /symbolic, i.e., objects, people, ideas) as a parting gesture. They may be asked to stand in front of the person to whom they are giving a gift and hold eye contact with them during the giving.

9. **Validation Circle:** Form a circle.

Begin with a volunteer or select a member. That person turns to the person on their left, makes eye contact and briefly validates/affirms the person. (I respect you, I honor you, I validate you, I cherish you, etc.) The only response the receiver makes is "thank you."

Then the receiver turns to the person on their left and repeats the process and so on around the circle. The rest of the circle "focus listens" as the validations sharing is going on.

Once the circle has completed all validations, the **first receiver** turns to the **first giver** (now going right around the circle) and says, "You're absolutely right!" and so on around the circle.

Fun and comfortable to do.

Happy Landing!

Cigarette Smoking Attitude Survey

Instructions: Mark a spot on the line which best describes your feelings about the question.

1. How do you perceive your level of knowledge concerning cigarettees and the health risk of cigarette smoking?

| | | | | |
|------|---|---|---|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Very | | | | Excellent |
| Good | | | | |

2. How much influence do you believe your friends have on your decision to smoke cigarettes?

| | | | | |
|-----------|---|---|---|-----------|
| 1 | 2 | 3 | 4 | 5 |
| No | | | | Great |
| Influence | | | | Influence |

3. Do you think smoking cigarettes sounds exciting or boring?

| | | | | |
|--------|---|---|---|----------|
| 1 | 2 | 3 | 4 | 5 |
| Very | | | | Very |
| Boring | | | | Exciting |

4. Is cigarette smoking dangerous to your health?

| | | | | |
|-----------|---|---|---|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Not | | | | Very |
| Dangerous | | | | Dangerous |

5. Do you believe smoking cigarettes is right or wrong?

| | | | | |
|-------|---|---|---|-------|
| 1 | 2 | 3 | 4 | 5 |
| Right | | | | Wrong |

6. Quitting smoking should be

| | | | | |
|------|---|---|---|------|
| 1 | 2 | 3 | 4 | 5 |
| Easy | | | | Hard |

7. Not smoking around my friends is

| | | | | |
|------|---|---|---|------|
| 1 | 2 | 3 | 4 | 5 |
| Easy | | | | Hard |

8. I make the important decisions about my life

| | | | | |
|---------|---|---|---|-------|
| 1 | 2 | 3 | 4 | 5 |
| All the | | | | Never |
| Time | | | | |

9. Quitting smoking for me will be

| | | | | |
|------|---|---|---|------|
| 1 | 2 | 3 | 4 | 5 |
| Easy | | | | Hard |

10. When I see people smoke it looks

| | | | | |
|------------|---|---|---|------------|
| 1 | 2 | 3 | 4 | 5 |
| Attractive | | | | Un- |
| | | | | Attractive |

11. Cigarettes make me look

| | | | | |
|--------|---|---|---|----------|
| 1 | 2 | 3 | 4 | 5 |
| Mature | | | | Immature |

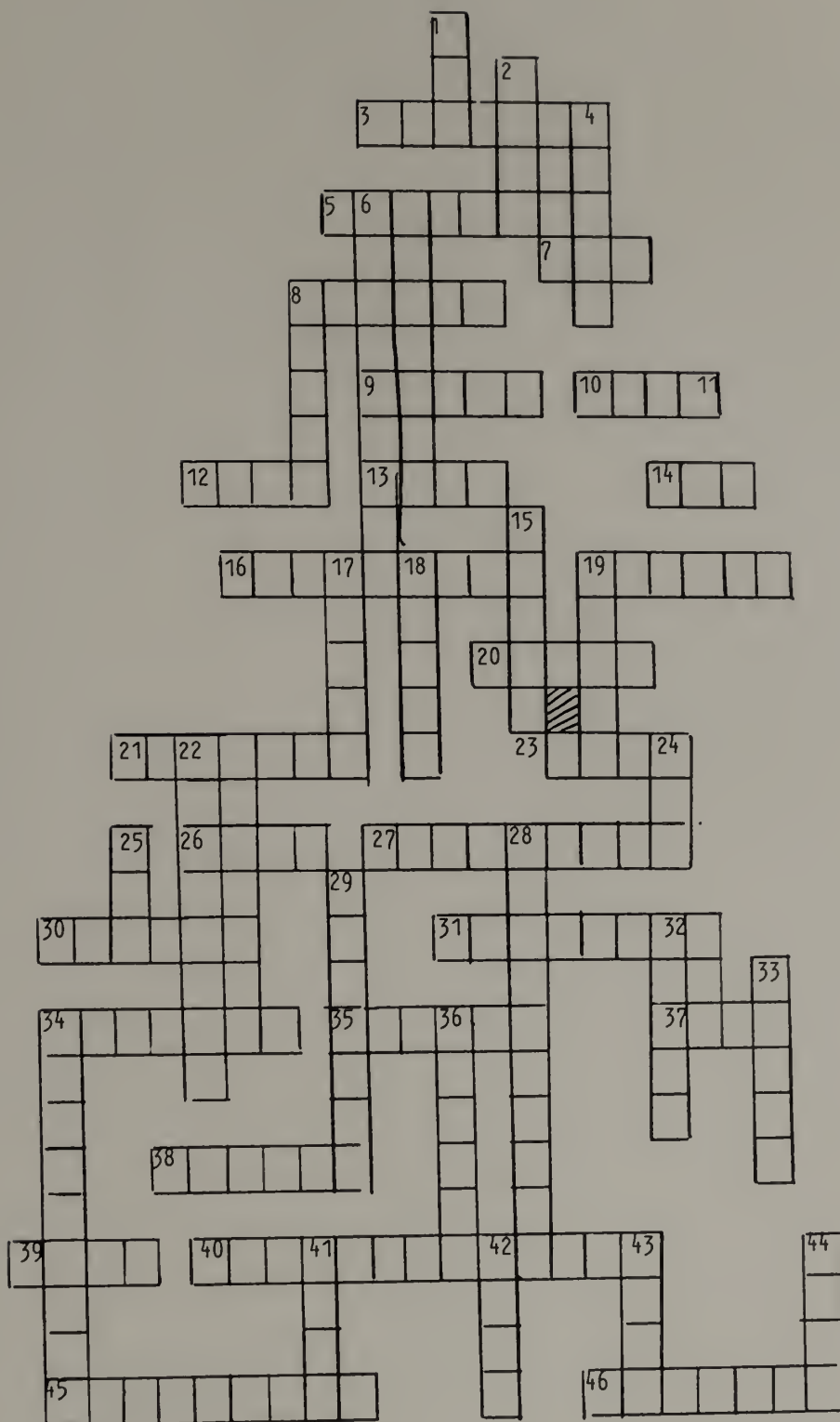
DRUG EDUCATION CROSSWORD PUZZLE

ACROSS

3. Bean-shaped organs which might be injured by drugs
5. Marijuana is usually -----but can be eaten mixed with food
7. Taking drugs can be compared to getting caught in a spider's ---
8. Hard drug from the poppy plant
9. Marijuana cigarette
10. LSD can be mixed with ---- or drinks
12. Each time you take barbs you need ---- than before to get the same results
13. LSD (slang)
14. Some people take drugs because it's the latest ---
16. Misusing drugs (2 words)
19. A person who sells illegal drugs
20. Body part with which you think, which may be injured by drugs
21. Teenagers are usually introduced to drugs by their -----
23. Once you start taking drugs it is hard to ----
26. Where you might have to go for 2 to 10 years for having marijuana in Indiana
27. Source of marijuana (2 words)
30. Where much marijuana is grown
31. Energy giving amphetamines (2 words)
34. Because barbs slow you down, they are often called -----
35. Possession of marijuana is a -----in Indiana
37. Heroin is usually injected into a ----
38. Because amphetamines speed you up, they are often called -----
39. A good reason to take legal drugs is to help you get well when you are ----
40. Hallucinogens (such as LSD) are ----
----- drugs
45. LSD is often eaten on this, you might put it in your coffee
46. One excuse people give for taking drugs is that they want to escape from -----
15. Blood pumping body part which may be injured by drugs
17. Marijuana (slang)
18. Barbiturates (slang)
19. What people sniff besides glue to get high
22. Heroin is usually ----- into a vein with a needle
24. Marijuana (slang)
25. One does of heroin
28. Source of heroin (2 words)
29. Marijuana cigarettes (slang)
32. A body part near the stomach which might be injured by drugs
33. What you do with glue to get high
34. Amphetamines used in weight control (2 words)
36. Heroin is a member of the ----- drug family
41. Opposite of smart
42. Some people take drugs to be "-----"
43. The main thing people sniff to get high
44. Taking LSD now may someday cause your ---- to be born with deformities

DOWN

1. Initials of a drug which is a man-made chemical
2. Marijuana (slang)
4. Amphetamines (slang) also to go fast
6. Drug which comes from the hemp plant
8. Heroin (slang) Spanish for "caballo"
11. An overdose of barbs may cause -----



APPENDIX B
MEASUREMENT INSTRUMENTS

+++++
+
+
+ HIGH SCHOOL STUDENTS' OPINIONS, ATTITUDES, +
+
+ KNOWLEDGE AND EXPERIENCE +
+
+ CONCERNING DRUGS +
+
+
+++++

CONFIDENTIAL

If this study is to be helpful, it is important that you answer each question as thoughtfully and frankly as possible. All your answers will be kept strictly confidential, and will never be seen by anyone who knows you.

Individual respondents will be protected. No identifying marks of any type shall be placed upon this questionnaire. All responses shall remain anonymous.

Other students said that the questionnaire was interesting and that they enjoyed filling it out. We hope you will too. Be sure to read the instructions as you work through the pages. Thank you very much for being an important part of this study.

1. Age at last birthday:

check _____
 _____ 13 years
 _____ 14 years
 _____ 15 years
 _____ 16 years
 _____ 17 years

2. School grade:

check _____
 _____ 9th
 _____ 10th
 _____ 11th

3. What was your letter grade average for the last grading period?

check _____
 _____ High (A)
 _____ Above Average (B)
 _____ Average (C)
 _____ Below Average (D)
 _____ Failing (F)

4. With whom do you live?

check _____
 _____ Both parents
 _____ Mother only; father dead
 _____ Mother only; parents divorced or separated
 _____ Mother and step-father
 _____ Father only; mother dead
 _____ Father only; parents divorced or separated
 _____ Father and step-mother
 _____ Grandparents or other relative
 _____ Other

5. Sex:

_____ male
 _____ female

6. Which of the following best describes the religious background of you and your parents?

| | Yourself | Father | Mother |
|---------------|----------|--------|--------|
| Catholic | _____ | _____ | _____ |
| Jewish | _____ | _____ | _____ |
| Protestant | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |
| No Preference | _____ | _____ | _____ |

7. How often do you attend religious services?

check _____
 _____ Once a week or more
 _____ A few times a month
 _____ Several times a year
 _____ Rarely if ever

8. How important would you say religion is in your life?

check _____
 _____ Very important
 _____ Somewhat important
 _____ Not very important
 _____ Not at all important
 _____ Not sure

9. Up to this point in your life, school has been:

check _____
 _____ Greatly enjoyable for me
 _____ Somewhat enjoyable for me
 _____ Not very enjoyable for me
 _____ Not enjoyable at all for me

10. In the past month, how many times have you been **high** or **bombed** on alcohol?

check

| |
|-----------------------------------------|
| Have never used alcohol in my life |
| Have used but never been high or bombed |
| Not at all in the past month |
| Once in past month |
| Twice in past month |
| 3 to 4 times in past month |
| 5 or more times in past month |

11. About how many cigarettes a day, if any, do you now smoke?

check

| |
|----------------------------------------------|
| Have never smoked cigarettes |
| Have smoked in the past but do not smoke now |
| Only smoke occasionally --not daily |
| About a half a pack a day-less |
| About one pack a day |
| About a pack and a half a day |
| About two packs a day |
| More than two packs a day |

12. At what age did you first start smoking cigarettes? (If you have never smoked, check the box marked "never used")

| Never Used | 8 or Younger | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|--------------|---|----|----|----|----|----|----|----|
| | | | | | | | | | |

13. Have you ever tried to stop smoking cigarettes and found that you could not?

_____ Yes _____ No _____ Don't smoke

14. Do you want to stop smoking now?

_____ Yes _____ No _____ Don't smoke

15. Do you think you will be smoking cigarettes five years from now?

check

| |
|-----------------------|
| I definitely will |
| I probably will |
| I probably will not |
| I definitely will not |

16. How many of your close friends: (check one box for each substance)

| SUBSTANCE | None | All | Most | Some | Few | Don't know |
|-------------------|------|-----|------|------|-----|------------|
| Smoke cigarettes | | | | | | |
| Use alcohol | | | | | | |
| Use marijuana | | | | | | |
| Use stimulants | | | | | | |
| Use depressants | | | | | | |
| Use hallucinogens | | | | | | |
| Use narcotics | | | | | | |

17. How many times have you **EVER USED** (in your whole life) **each** of these substances?
Check one box for each substance.

| SUBSTANCE | Never Used | Once or Twice | 3-9 Times | 10-19 Times | 20-50 Times | Over 50 |
|----------------------------------------------------------------------------|---------------|------------------|--------------|----------------|----------------|------------|
| Marijuana (weed, pot, THC)? | | | | | | |
| Hashish (hash)? | | | | | | |
| LSD (acid, trips)? | | | | | | |
| Alcohol (beer, wine, liquor)? | | | | | | |
| Cigarettes | | | | | | |
| Sniffed inhalants (glue, snappers, poppers, gasolene)? | | | | | | |
| Barbiturates or Tranquilizers (sleep- ing pills, downers, goof balls)? | | | | | | |
| Amphetamines or Stimulants (pep pills, uppers, speed, bennies, dexies)? | | | | | | |
| Cocaine (coke, "c", cholly) in powder or liquid form? | | | | | | |
| Heroin or morphine (smack, junk)? | | | | | | |
| PCP (angel dust, crystal)? | | | | | | |

18. During the **LAST FOUR WEEKS**, how many times have you:
Check one box for each substance.

| SUBSTANCE | Never Used | Once or Twice | 3-9 Times | 10-19 Times | 20-50 Times | Over 50 |
|-----------------------------------|---------------|------------------|--------------|----------------|----------------|------------|
| Smoked marijuana | | | | | | |
| Taken LSD or other psychedelics? | | | | | | |
| Drunk alcohol? | | | | | | |
| Smoked cigarettes? | | | | | | |
| Sniffed inhalants? | | | | | | |
| Taken barbiturates/tranquilizers? | | | | | | |
| Taken amphetamines/stimulants? | | | | | | |
| Cocaine? | | | | | | |
| Used heroin or morphine? | | | | | | |
| Used PCP | | | | | | |

19. How often do you **NOW USE** each of these substances? Check one box for each substance.

| SUBSTANCE | DO NOT USE | LESS THAN ONCE A MONTH | ABOUT ONCE A MONTH | ABOUT ONCE A WEEK | SEVERAL TIMES A WEEK | DAILY |
|-----------------------|---------------|------------------------------|--------------------------|-------------------------|----------------------------|-------|
| Marijuana or hashish? | | | | | | |
| LSD? | | | | | | |
| Alcohol? | | | | | | |
| Amphetamines? | | | | | | |
| Barbiturates? | | | | | | |
| PCP? | | | | | | |
| Heroin or morphine? | | | | | | |
| Cigarettes? | | | | | | |
| Cocaine? | | | | | | |
| Inhalants? | | | | | | |

20. During the **NEXT TWELVE MONTHS**, how often are you likely to use each of these substances? Check one box for each substance.

| SUBSTANCE | A LOT MORE | A LITTLE MORE | A LITTLE LESS | A LOT LESS | ABOUT SAME AMOUNT | NOT AT ALL |
|----------------------------------------|------------------|---------------------|---------------------|------------------|-------------------------|------------------|
| Smoke Marijuana? | | | | | | |
| Take LSD or other psychedelics? | | | | | | |
| Drink alcohol? | | | | | | |
| Smoke cigarettes? | | | | | | |
| Sniff inhalants? | | | | | | |
| Take barbiturates or tranquilizers? | | | | | | |
| Take amphetamines or stimulants? | | | | | | |
| Use cocaine? | | | | | | |
| Use heroin or morphine? | | | | | | |
| Use PCP? | | | | | | |

Each of the following questions/statements refers to your experience (or lack of it) with **MARIJUANA/HASHISH**, **ALCOHOL** or **CIGARETTES**. Respond in each of the three columns.

| QUESTION | MARIJUANA/ HASHISH | ALCOHOL | CIGARETTES |
|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|------------|
| | 1 | 2 | 3 |
| 21. Have you ever had a chance to try any of these substances if you wanted to? | | | |
| Yes | | | |
| No | | | |
| 22. Check the age at which you first tried each substance, AND THEN CHECK ALL OTHER AGES DURING WHICH YOU USED IT. | | | |
| Never tried | | | |
| 8 years old or less | | | |
| 9 years | | | |
| 10 years | | | |
| 11 years | | | |
| 12 years | | | |
| 13 years | | | |
| 14 years | | | |
| 15 years | | | |
| 16 years | | | |
| 23. At what age did you use each of these substances most HEAVILY? Check one age. | | | |
| Never used | | | |
| 8 years old or less | | | |
| 9 years | | | |
| 10 years | | | |
| 11 years | | | |
| 12 years | | | |
| 13 years | | | |
| 14 years | | | |
| 15 years | | | |
| 16 years | | | |

| QUESTION | MARIJUANA/ HASHISH | ALCOHOL | CIGARETTES |
|----------------------------------------------------------------|-----------------------|---------|------------|
| | 1 | 2 | 3 |
| 24. Is this substance easy or hard to get? | | | |
| Don't know | | | |
| Always easy | | | |
| Usually easy | | | |
| Usually hard | | | |
| Always hard | | | |
| 25. How did you get this substance the FIRST time you used it? | | | |
| Never used | | | |
| Took it from someone without their knowledge | | | |
| Given to me by a friend | | | |
| Bought it from a friend | | | |
| Given to me by a relative | | | |
| Bought it from a relative | | | |
| Given to me by someone other than a friend or relative | | | |
| Bought it from someone other than a friend or relative | | | |
| 26. How did you feel the FIRST time you tried the substance? | | | |
| Never tried | | | |
| It was a generally pleasant experience | | | |
| It was a generally unpleasant experience | | | |
| It was both pleasant and unpleasant | | | |
| Felt no effect | | | |

| QUESTION | MARIJUANA/ HASHISH | ALCOHOL | CIGARETTES |
|---------------------------------------------------------------------------------------|-----------------------|---------|------------|
| | 1 | 2 | 3 |
| 27. How did you get this substance the LAST time you used it? | | | |
| Never used | | | |
| Took it from someone without their knowledge | | | |
| Given to me by a friend | | | |
| Bought it from a friend | | | |
| Given to me by a relative | | | |
| Bought it from a relative | | | |
| Given to me by someone other than a friend or relative | | | |
| Bought it from someone other than a friend or relative | | | |
| 28. When was the LAST time you used this substance? | | | |
| Never used | | | |
| Today or yesterday | | | |
| A week or two ago | | | |
| About a month ago | | | |
| More than a month - less than 6 months ago | | | |
| More than 6 months - less than 1 year ago | | | |
| About a year ago | | | |
| More than a year ago | | | |
| 29. If you have stopped using this substance, check MAIN REASONS for stopping. | | | |
| Never used | | | |
| Have not stopped | | | |
| Pressure from my parents or relatives | | | |
| Pressure from my friends | | | |
| Was afraid of getting hooked | | | |
| Afraid of what it might do to my health | | | |
| Curiosity was satisfied | | | |
| No longer needed it | | | |
| Didn't get much effect from it | | | |
| Had a bad experience with it | | | |
| Was afraid of being caught | | | |
| Got busted | | | |
| Couldn't get it any more | | | |
| Didn't like the way I was thinking and acting | | | |

Place **ONE CHECK** in the box next to each statement to show how much you agree or disagree with the statement. There are **NO RIGHT OR WRONG** answers, so respond with your own opinion.

| STATEMENTS | Strongly Disagree | Disagree | Undecided Not sure | Agree | Strongly Agree |
|--------------------------------------------------------------------------------------------------|----------------------|----------|-----------------------|-------|-------------------|
| a. It's OK for kids to buy alcohol if they can get away with it. | | | | | |
| b. There is nothing wrong with drinking alcohol. | | | | | |
| c. Too much fuss is made about alcohol use. | | | | | |
| d. Drinking alcohol is a waste of money. | | | | | |
| e. People who use alcohol often make fools of themselves. | | | | | |
| f. It should not concern anybody else if a person wants to get drunk. | | | | | |
| g. Drinking alcohol should be considered the same as the use of other drugs. | | | | | |
| h. Teenage drinking is a serious problem. | | | | | |
| i. Alcohol helps you get over problems. | | | | | |
| j. Teenagers who do not drink should be respected more by their classmates than those who drink. | | | | | |
| k. Alcohol is a good thing to loosen the atmosphere at a party. | | | | | |
| l. The government should put tighter controls on the sale of alcohol. | | | | | |
| m. There is nothing wrong with getting really drunk once in a while. | | | | | |
| n. It's all right to drink and drive as long as you don't drink too much. | | | | | |
| o. It's a sign of manliness to be able to hold your liquor. | | | | | |
| p. People who get "up tight" should take pills to calm them down. | | | | | |
| q. People should not be pressured to drink if they don't want to. | | | | | |
| r. I admire people who like to get stoned. | | | | | |
| s. Taking any kind of dope is a pretty dumb idea. | | | | | |
| t. I would like the chance to get high on drugs. | | | | | |
| u. If I were a parent I wouldn't mind if my kids got high once in a while. | | | | | |
| v. It's OK to try drugs once or twice just to see what they are like. | | | | | |
| w. There is really nothing wrong with using most drugs. | | | | | |
| x. I would not use drugs even if they were legal and easy to get. | | | | | |
| y. I don't need drugs to feel good. | | | | | |

| STATEMENTS | Strongly Disagree | Disagree | Undecided Not sure | Agree | Strongly Agree |
|----------------------------------------------------------------------------------------|----------------------|----------|-----------------------|-------|-------------------|
| 2. It's OK for a person to use drugs if they make him/her feel good. | | | | | |
| 1. People who use drugs are a burden to society. | | | | | |
| 2. Something is wrong with the world when drug taking becomes an accepted way of life. | | | | | |
| 3. There is nothing wrong with using drugs if they make you feel good. | | | | | |
| 4. Anyone who uses drugs belongs in jail. | | | | | |

31. Which of these statements best fits what you personally feel should be done about marijuana?
check

| |
|--------------------------------------------------------------------|
| Legalize marijuana so it could be purchased and used like tobacco. |
| Legalize it with age and other controls, like those for alcohol. |
| Keep present ban, but make penalties less severe. |
| Strictly enforce present laws and penalties. |
| Pass new laws with even tougher penalties than now. |
| No opinion |

33. If you found yourself needing help with a substance related problem, to whom would you likely turn for help? Check **ONE BOX** for each source.

| | YES | NO |
|------------------|-----|----|
| Family/relatives | | |
| Friends/peers | | |
| Doctor | | |
| Drug Clinic | | |
| School Counselor | | |
| Teacher | | |
| Religious Leader | | |
| Hot/rap Line | | |
| Other(state) | | |

32. Respond to the following opinions as they apply to the use of marijuana.

| OPINION | Agree | Disagree | Don't know |
|------------------------------------------------------------------------|-------|----------|---------------|
| a. Student marijuana users give the school/students a bad name. | | | |
| b. People who use pot frequently are emotionally sick and need help. | | | |
| c. It's foolish to risk illegal use of pot. | | | |
| d. Most pot users seem to be good people. | | | |
| e. I have no ill feelings about people who use pot. | | | |
| f. Some drugs, like pot, make you a better, more understanding person. | | | |
| g. Making pot legal will solve many problems associated with it. | | | |

34. Listed below are statements describing school environment. Read each statement carefully and check how it best describes your school.

| STATEMENTS | Strongly Disagree | Disagree | Undecided Not Sure | Agree | Strongly Agree |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------|-----------------------|-------|-------------------|
| a. Most adults in this school are more interested in controlling kids than they are in helping them to become more successful human beings. | | | | | |
| b. Most teachers I know around here seem willing to give up their own free time to help students. | | | | | |
| c. Education in this school is usually boring. | | | | | |
| d. Very few people in this school really care about the troublemakers. | | | | | |
| e. The student in this school learns because he/she feels it's important for them and they want to learn. | | | | | |
| f. Teachers in this school seem to get upset easily. Any little thing sets them off. | | | | | |
| g. There are a wide variety of clubs and activities available in this school. | | | | | |
| h. Most adults in this school are pretty honest in their dealings with kids. | | | | | |
| i. Teachers in this school know what it is like to be a student. | | | | | |
| j. I'm just one of a big crowd here. Nobody really deals with me as an individual. | | | | | |
| k. Student publications in the school adequately represent student views. | | | | | |
| l. Most adults in this school really seem human. | | | | | |
| m. Teachers/administrators in this school are afraid to let students deal openly with controversial issues. | | | | | |
| n. Discipline problems in this school are usually handled fairly. | | | | | |
| o. The rules and regulations of this school are understood and followed by both staff and students. | | | | | |
| p. People in this school are concerned about helping each other. | | | | | |
| q. There are far too many rules and regulations in this school. | | | | | |
| r. Students in this school have a lot of say about how this school is run. | | | | | |

35. Respond to the following statements. Read each item carefully and check one box for each statement.

| STATEMENT | Strongly Disagree | Disagree | Undecided Not Sure | Agree | Strongly Agree |
|-----------------------------------------------------------------------------------------------|----------------------|----------|-----------------------|-------|-------------------|
| a. I take a positive attitude toward myself. | | | | | |
| b. Good luck is more important than hard work for success. | | | | | |
| c. I feel I am a person of worth, on an equal plane with others. | | | | | |
| d. I am able to do things as well as most other people. | | | | | |
| e. Every time I try to get ahead, something or somebody stops me. | | | | | |
| f. Planning only makes a person unhappy since plans hardly ever work out. | | | | | |
| g. People who accept their condition in life are happier than those who try to change things. | | | | | |
| h. On the whole, I'm satisfied with myself. | | | | | |
| i. People like me don't have much of a chance to be successful in life. | | | | | |

36. What are the most important reasons for your use of marijuana or hashish? Check all that apply.

Check

| |
|---------------------------------------------------------------------------------|
| <input type="checkbox"/> I do not use marijuana or hashish |
| <input type="checkbox"/> To experiment - to see what it's like |
| <input type="checkbox"/> To relax or relieve tension |
| <input type="checkbox"/> To feel good or get high |
| <input type="checkbox"/> To seek deeper insights and understanding |
| <input type="checkbox"/> To have a good time with my friends |
| <input type="checkbox"/> To fit in with a group I like |
| <input type="checkbox"/> To get away from my problems or troubles |
| <input type="checkbox"/> Because of boredom, nothing else to do |
| <input type="checkbox"/> Because of anger or frustration |
| <input type="checkbox"/> To get through the day |
| <input type="checkbox"/> To increase the effects of some other drug(s) |
| <input type="checkbox"/> To decrease (offset) the effects of some other drug(s) |
| <input type="checkbox"/> Because I am hooked - I have to have it |

37. When you use marijuana or hashish, how high do you usually get?

Check

| |
|------------------------------------------|
| <input type="checkbox"/> Not at all high |
| <input type="checkbox"/> A little high |
| <input type="checkbox"/> Moderately high |
| <input type="checkbox"/> Very high |
| <input type="checkbox"/> Never used |

38. What are the most important reasons for your use of alcoholic beverages?
Check all that apply.

Check

| |
|---------------------------------------------------|
| I do not drink alcoholic beverages |
| To experiment - to see what it's like |
| To relax or relieve tension |
| To feel good or get high |
| To seek deeper insights and understanding |
| To have a good time with my friends |
| To fit in with a group I like |
| To get away from my problems or troubles |
| Because of boredom, nothing else to do |
| Because of anger or frustration |
| To get through the day |
| To get to sleep |
| Because it tastes good |
| To increase the effects of other drug(s) |
| To decrease (offset) the effects of other drug(s) |
| Because I am hooked - I have to drink |

39. When you drink alcoholic beverages, how high do you usually get?

Check

| |
|-----------------|
| Not at all high |
| A little high |
| Moderately high |
| Very high |
| Never used |

40. In your opinion what percentage of students in this school have used marijuana **ONE** or **MORE** times?

Check

| |
|-------------|
| 10% or less |
| 11% to 20% |
| 21% to 30% |
| 31% to 40% |
| 41% to 50% |
| 51% to 60% |
| 61% to 70% |
| 71% to 80% |
| 81% to 90% |
| 91% to 100% |

41. In your opinion what percentage of students in this school are **NOW** using marijuana **REGULARLY** (at least twice a month)?

Check

| |
|------------|
| 5% or less |
| 6% to 10% |
| 11% to 20% |
| 21% to 30% |
| 31% to 40% |
| 41% to 50% |
| 51% to 60% |
| 61% to 70% |

42. The following statements and questions refer to your knowledge of substances. Circle the best answer for each item.

A. If you have a substance that is a fine, bitter-tasting white powder, it is most likely to be:

1. Amphetamine
2. Heroin
3. THC
4. No way of telling by sight or taste
5. Don't know

B. A person can become psychologically dependent on:

1. Any stimulant
2. Any depressant
3. Any drug substance
4. Any hallucinogen
5. Don't know

C. Which of the following common food items does not contain the psychoactive substance caffeine?

1. Cola drinks
2. Chocolate
3. Peanut butter
4. Tea
5. Don't know

D. The ingredient in marijuana and hashish that produces mood intensification and altered space/time perception is:

1. Cannabis
2. Phenacetin
3. THC
4. Hash oil
5. Don't know

E. PCP (Phencyclidine) which is frequently found in drugs sold as THC or mescaline is:

1. An animal tranquilizer
2. Another name for THC
3. An inactive filler
4. Chemically related to LSD
5. None of the above

F. Which of the following is the best description of the kind of person who is likely to become a drug addict?

1. A person who is unable to achieve satisfactory social adjustment
2. A person who is unable to foresee the end results of his behavior
3. A person of weak character and of little self-control
4. No one kind of person
5. Don't know

- G. The effects of which drug are most like the effects of alcohol?
1. Marijuana
 2. LSD
 3. Amphetamines
 4. Barbiturates
 5. Don't know
- H. The substance in marijuana that gets you high is:
1. PCP
 2. LSD
 3. Opium
 4. THC
 5. Don't know
- I. Marijuana stays in your body:
1. For a longer time than alcohol
 2. For a shorter time than alcohol
 3. About the same length of time as alcohol
 4. Don't know
- J. Which of the following drugs can be addicting?
1. Alcohol
 2. Heroin
 3. Barbiturates
 4. All of the above
 5. Don't know
- K. What part of the body is most likely to be damaged when alcohol is used heavily?
1. Liver
 2. Stomach
 3. Heart
 4. Lungs
 5. Don't know
- L. Which of the following does **NOT** contain a dangerous solvent?
1. Airplane glue
 2. Spray deodorant
 3. Nail polish remover
 4. Hand lotion
 5. Don't know
- M. The effects of cocaine are those of a (n):
1. Depressant
 2. Stimulant
 3. Opiate
 4. Hallucinogen
 5. Don't know

N. Which of the following drugs has no legitimate medical use?

1. Amphetamines
2. Nicotine
3. Barbiturates
4. Morphine
5. Cocaine
6. Don't know

O. Which of the following words does not belong in this group?

1. Hallucinogen
2. Psychedelic
3. Mind-expanding
4. LSD
5. Sedative
6. Don't know

P. Alcohol is classified as a:

1. Depressant
2. Stimulant
3. Hallucinogen
4. Narcotic
5. Analgesic
6. Don't know

Q. Heroin is:

1. Legal with a prescription
2. Illegal in the United States
3. An amphetamine
4. Available for sale in retail stores in some states in the United States
5. A hallucinogen
6. Don't know

R. The illegal drug with the greatest percentage of teenage use is:

1. Tobacco
2. Marijuana
3. Glue
4. Alcohol
5. Heroin
6. Don't know

S. "Speed" is another name used for:

1. Marijuana
2. Methamphetamine
3. Heroin
4. LSD
5. Morphine
6. Don't know

I. Amphetamines are classified as:

1. Hallucinogens
2. Depressants
3. Stimulants
4. Narcotics
5. Analgesics
6. Don't know

Respond to the following by circling your choice.

43. The best way to decide whether to smoke marijuana is
- A. Try marijuana and see for yourself
 - B. Take your best friend's advice
 - C. Take your teacher's advice
 - D. Compare the risks and gains of smoking marijuana
44. If I have an extra dollar to spend, I would
- A. Not take much time thinking about how to spend it
 - B. Carefully compare the different ways of spending it
 - C. Spend it the first chance I could
45. When faced with a complicated or difficult decision to make, I would
- A. Get the advice of a good friend
 - B. Think about all my choices before deciding
 - C. Use common sense to arrive at a popular solution
 - D. Make a quick and definite decision
46. Which of the following statements comes closest to describing your feelings
- A. I would like to change almost everything about myself
 - B. I would like to change many things about myself
 - C. I would like to change some things about myself
 - D. I would like to change practically nothing about myself
47. Which of the following statements comes closest to describing your feelings about the society in which you live
- A. I would like to change almost everything
 - B. I would like to change many things
 - C. I would like to change some things
 - D. I would like to change practically nothing

48. In the **NEXT TWELVE MONTHS** I expect to use alcohol:

- A. A lot **more** often than during the past twelve months
- B. A little **more** often than during the past twelve months
- C. A little **less** often than during the past twelve months
- D. A lot **less** often than during the past twelve months
- E. **About the same amount** as during the past twelve months
- F. I **do not** use alcohol and do not expect to use it during the next twelve months

49. In the **NEXT TWELVE MONTHS** I expect to use drugs:

- A. A lot **more** often than during the past twelve months
- B. A little **more** often than during the past twelve months
- C. A little **less** often than during the past twelve months
- D. A lot **less** often than during the past twelve months
- E. **About the same amount** as during the past twelve months
- F. I **do not** use drugs and do not expect to use them during the next twelve months

50. In the **NEXT TWELVE MONTHS** I expect to use tobacco:

- A. A lot **more** often than during the past twelve months
- B. A little **more** often than during the past twelve months
- C. A little **less** often than during the past twelve months
- D. A lot **less** often than during the past twelve months
- E. **About the same amount** as during the past twelve months
- F. I **do not** use tobacco and do not expect to use it during the next twelve months

INTRODUCTION
TO THE
OFFER SELF-IMAGE QUESTIONNAIRE

THIS QUESTIONNAIRE IS USED FOR SCIENTIFIC PURPOSES. THERE ARE NO RIGHT AND WRONG ANSWERS.

AFTER CAREFULLY READING EACH OF THE STATEMENTS ON THE FOLLOWING PAGES, PLEASE CIRCLE THE NUMBER ON THE ANSWER SHEET WHICH INDICATES HOW WELL THE ITEM DESCRIBES YOURSELF. THE NUMBERS CORRESPOND WITH CATEGORIES WHICH RANGE FROM DESCRIBING YOU VERY WELL (1) TO NOT DESCRIBING YOU AT ALL (6). NUMERALS 1-130 ON THE QUESTIONNAIRE AND ANSWER SHEET REFER TO THE ORDER OF THE STATEMENTS.

PLEASE RESPOND TO ALL ITEMS.

THANK YOU.

EXAMPLE

STATEMENT: I AM AN ADOLESCENT.

CHOICE OF ANSWERS:

| | | |
|---------------------------|-------------------------------|--------------------------------|
| 1--DESCRIBES ME VERY WELL | 3--DESCRIBES ME FAIRLY WELL | 5--DOES NOT REALLY DESCRIBE ME |
| 2--DESCRIBES ME WELL | 4--DOES NOT QUITE DESCRIBE ME | 6--DOES NOT DESCRIBE ME AT ALL |

RESPONSE: (1) 2 3 4 5 6

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DEPARTMENT OF PSYCHIATRY
MICHAEL REESE MEDICAL CENTER
2959 SOUTH ELLIS AVENUE
CHICAGO, ILLINOIS 60616

- 1--DESCRIBES ME VERY WELL 3--DESCRIBES ME FAIRLY WELL 5--DOES NOT REALLY DESCRIBE ME
 2--DESCRIBES ME WELL 4--DOES NOT QUITE DESCRIBE ME 6--DOES NOT DESCRIBE ME AT ALL

-
1. I CARRY MANY GRUDGES. 1____
2. WHEN I AM WITH PEOPLE I AM AFRAID THAT SOMEONE WILL MAKE FUN OF ME. 2____
3. MOST OF THE TIME I THINK THAT THE WORLD IS AN EXCITING PLACE TO LIVE IN. 3____
4. I THINK THAT I WILL BE A SOURCE OF PRIDE TO MY PARENTS IN THE FUTURE. 4____
5. I WOULD NOT HURT SOMEONE JUST FOR THE "HECK OF IT." 5____
6. THE RECENT CHANGES IN MY BODY HAVE GIVEN ME SOME SATISFACTION. 6____
7. SOMETIMES I TELL A LIE. 7____
8. I "LOSE MY HEAD" EASILY. 8____
9. MY PARENTS ARE ALMOST ALWAYS ON THE SIDE OF SOMEONE ELSE, e.g. MY BROTHER OR SISTER. 9____
10. THE OPPOSITE SEX FINDS ME A BORE. 10____
11. IF I WOULD BE SEPARATED FROM ALL THE PEOPLE I KNOW, I FEEL THAT I WOULD NOT BE ABLE TO MAKE A GO OF IT. 11____
12. I FEEL TENSE MOST OF THE TIME. 12____
13. I USUALLY FEEL OUT OF PLACE AT PICNICS AND PARTIES. 13____
14. I FEEL THAT WORKING IS TOO MUCH RESPONSIBILITY FOR ME. 14____
15. MY PARENTS WILL BE DISAPPOINTED IN ME IN THE FUTURE. 15____
16. IT IS VERY HARD FOR A TEEN-AGER TO KNOW HOW TO HANDLE SEX IN A RIGHT WAY. 16____
17. AT TIMES I HAVE FITS OF CRYING AND/OR LAUGHING THAT I SEEM UNABLE TO CONTROL. 17____
18. I AM LIKED BY EVERYBODY I KNOW. 18____
19. IF I PUT MY MIND TO IT, I CAN LEARN ALMOST ANYTHING. 19____
20. ONLY STUPID PEOPLE WORK. 20____
21. VERY OFTEN I FEEL THAT MY FATHER IS NO GOOD. 21____
22. I AM CONFUSED MOST OF THE TIME. 22____
-

1-DESCRIBES ME VERY WELL 3-DESCRIBES ME FAIRLY WELL 5-DOES NOT REALLY DESCRIBE ME
 2-DESCRIBES ME WELL 4-DOES NOT QUITE DESCRIBE ME 6-DOES NOT DESCRIBE ME AT ALL

-
23. I FEEL INFERIOR TO MOST PEOPLE I KNOW. 23_____
24. UNDERSTANDING MY PARENTS IS BEYOND ME. 24_____
25. I DO NOT LIKE TO PUT THINGS IN ORDER AND MAKE SENSE OF THEM. 25_____
26. I CAN COUNT ON MY PARENTS MOST OF THE TIME. 26_____
27. IN THE PAST YEAR I HAVE BEEN VERY WORRIED ABOUT MY HEALTH. 27_____
28. DIRTY JOKES ARE FUN AT TIMES. 28_____
29. I OFTEN BLAME MYSELF EVEN WHEN I AM NOT AT FAULT. 29_____
30. I WOULD NOT STOP AT ANYTHING IF I FELT I WAS DONE WRONG. 30_____
31. THE SIZE OF MY SEX ORGANS IS NORMAL. 31_____
32. MOST OF THE TIME I AM HAPPY. 32_____
33. I SOMETIMES HURT PEOPLES' FEELINGS. 33_____
34. I CAN TAKE CRITICISM WITHOUT RESENTMENT. 34_____
35. MY WORK, IN GENERAL, IS AT LEAST AS GOOD AS THE WORK OF THE GUY NEXT TO ME. 35_____
36. SOMETIMES I FEEL SO ASHAMED OF MYSELF THAT I JUST WANT TO HIDE IN A CORNER AND CRY. 36_____
37. I AM SURE THAT I WILL BE PROUD ABOUT MY FUTURE PROFESSION. 37_____
38. MY FEELINGS ARE EASILY HURT. 38_____
39. WHEN A TRAGEDY OCCURS TO ONE OF MY FRIENDS, I FEEL SAD TOO. 39_____
40. I BLAME OTHERS EVEN WHEN I KNOW THAT I AM AT FAULT TOO. 40_____
41. WHEN I WANT SOMETHING, I JUST SIT AROUND WISHING I COULD HAVE IT. 41_____
42. THE PICTURE I HAVE OF MYSELF IN THE FUTURE SATISFIES ME. 42_____
43. I AM A SUPERIOR STUDENT IN SCHOOL. 43_____
44. I FEEL RELAXED UNDER NORMAL CIRCUMSTANCES. 44_____
-

1-DESCRIBES ME VERY WELL 3-DESCRIBES ME FAIRLY WELL 5-DOES NOT REALLY DESCRIBE ME
 2-DESCRIBES ME WELL 4-DOES NOT QUITE DESCRIBE ME 6-DOES NOT DESCRIBE ME AT ALL

-
45. I FEEL EMPTY EMOTIONALLY MOST OF THE TIME. 45_____
46. I WOULD RATHER SIT AROUND AND LOAF THAN WORK. 46_____
47. I HAVE NEVER TAKEN ANYTHING THAT DID NOT BELONG TO ME. 47_____
48. TELLING THE TRUTH MEANS NOTHING TO ME. 48_____
49. OUR SOCIETY IS A COMPETITIVE ONE, AND I AM NOT AFRAID OF IT. 49_____
50. I GET VIOLENT IF I DON'T GET MY WAY. 50_____
51. MOST OF THE TIME MY PARENTS GET ALONG WELL WITH EACH OTHER. 51_____
52. I THINK THAT OTHER PEOPLE JUST DO NOT LIKE ME. 52_____
53. I FIND IT VERY DIFFICULT TO ESTABLISH NEW FRIENDSHIPS. 53_____
54. I AM SO VERY ANXIOUS. 54_____
55. WHEN MY PARENTS ARE STRICT, I FEEL THAT THEY ARE RIGHT, EVEN IF I GET ANGRY. 55_____
56. WORKING CLOSELY WITH ANOTHER FELLOW NEVER GIVES ME PLEASURE. 56_____
57. I AM PROUD OF MY BODY. 57_____
58. AT TIMES I THINK ABOUT WHAT KIND OF WORK I WILL DO IN THE FUTURE. 58_____
59. EVEN UNDER PRESSURE I MANAGE TO REMAIN CALM. 59_____
60. WHEN I GROW UP AND HAVE A FAMILY, IT WILL BE IN AT LEAST A FEW WAYS SIMILAR TO MY OWN. 60_____
61. I OFTEN FEEL THAT I WOULD RATHER DIE, THAN GO ON LIVING. 61_____
62. I FIND IT EXTREMELY HARD TO MAKE FRIENDS. 62_____
63. I WOULD RATHER BE SUPPORTED FOR THE REST OF MY LIFE THAN WORK. 63_____
64. I FEEL THAT I HAVE A PART IN MAKING FAMILY DECISIONS. 64_____
65. I DO NOT MIND BEING CORRECTED, SINCE I CAN LEARN FROM IT. 65_____
-

FOR COMPUTER USE ONLY

66-69 _____ 70 _ 71-72 __ 73 ! 75-80 _____

1--DESCRIBES ME VERY WELL 3--DESCRIBES ME FAIRLY WELL 5--DOES NOT REALLY DESCRIBE ME
 2--DESCRIBES ME WELL 4--DOES NOT QUITE DESCRIBE ME 6--DOES NOT DESCRIBE ME AT ALL

-
66. I FEEL SO VERY LONELY. 66_____
67. I DO NOT CARE HOW MY ACTIONS AFFECT OTHERS AS LONG AS I GAIN SOMETHING. 67_____
68. I ENJOY LIFE. 68_____
69. I KEEP AN EVEN TEMPER MOST OF THE TIME. 69_____
70. A JOB WELL DONE GIVES ME PLEASURE. 70_____
71. MY PARENTS ARE USUALLY PATIENT WITH ME. 71.____
72. I SEEM TO BE FORCED TO IMITATE THE PEOPLE I LIKE. 72_____
73. VERY OFTEN PARENTS DO NOT UNDERSTAND A PERSON BECAUSE THEY HAD AN UNHAPPY CHILDHOOD. 73_____
74. FOR ME GOOD SPORTSMANSHIP IN SCHOOL IS AS IMPORTANT AS WINNING A GAME. 74_____
75. I PREFER BEING ALONE THAN WITH KIDS MY AGE. 75_____
76. WHEN I DECIDE TO DO SOMETHING, I DO IT. 76_____
77. I THINK THAT GIRLS FIND ME ATTRACTIVE. 77_____
78. OTHER PEOPLE ARE NOT AFTER ME TO TAKE ADVANTAGE OF ME. 78_____
79. I FEEL THAT THERE IS PLENTY I CAN LEARN FROM OTHERS. 79_____
80. I DO NOT ATTEND SEXY SHOWS. 80_____
81. I FEAR SOMETHING CONSTANTLY. 81_____
82. VERY OFTEN I THINK THAT I AM NOT AT ALL THE PERSON I WOULD LIKE TO BE. 82_____
83. I LIKE TO HELP A FRIEND WHENEVER I CAN. 83_____
84. IF I KNOW THAT I WILL HAVE TO FACE A NEW SITUATION, I WILL TRY IN ADVANCE TO FIND OUT AS MUCH AS IS POSSIBLE ABOUT IT. 84_____
85. USUALLY I FEEL THAT I AM A BOTHER AT HOME. 85_____
86. IF OTHERS DISAPPROVE OF ME I GET TERRIBLY UPSET. 86_____
87. I LIKE ONE OF MY PARENTS MUCH BETTER THAN THE OTHER. 87_____
-

1--DESCRIBES ME VERY WELL 3--DESCRIBES ME FAIRLY WELL 5--DOES NOT REALLY DESCRIBE ME
 2--DESCRIBES ME WELL 4--DOES NOT QUITE DESCRIBE ME 6--DOES NOT DESCRIBE ME AT ALL

-
88. BEING TOGETHER WITH OTHER PEOPLE GIVES ME A GOOD FEELING. 88_____
89. WHENEVER I FAIL IN SOMETHING, I TRY TO FIND OUT WHAT I CAN DO IN ORDER TO AVOID ANOTHER FAILURE. 89_____
90. I FREQUENTLY FEEL UGLY AND UNATTRACTIVE. 90_____
91. SEXUALLY I AM WAY BEHIND. 91_____
92. IF YOU CONFIDE IN OTHERS YOU ASK FOR TROUBLES. 92_____
93. EVEN THOUGH I AM CONTINUOUSLY ON THE GO, I SEEM UNABLE TO GET THINGS DONE. 93_____
94. WHEN OTHERS LOOK AT ME THEY MUST THINK THAT I AM POORLY DEVELOPED. 94_____
95. MY PARENTS ARE ASHAMED OF ME. 95_____
96. I BELIEVE I CAN TELL THE REAL FROM THE FANTASTIC. 96_____
97. THINKING OR TALKING ABOUT SEX FRIGHTENS ME. 97_____
98. I DISLIKE SOME PEOPLE. 98_____
99. I FEEL STRONG AND HEALTHY. 99_____
100. EVEN WHEN I AM SAD I CAN ENJOY A GOOD JOKE. 100_____
101. I ALWAYS LIKE BOTH OF MY PARENTS. 101_____
102. I TRY TO STAY AWAY FROM HOME MOST OF THE TIME. 102_____
103. I FIND LIFE AN ENDLESS SERIES OF PROBLEMS--WITHOUT SOLUTION IN SIGHT. 103_____
104. AT TIMES I FEEL LIKE A LEADER AND FEEL THAT OTHER KIDS CAN LEARN SOMETHING FROM ME. 104_____
105. I FEEL THAT I AM ABLE TO MAKE DECISIONS. 105_____
106. I HAVE BEEN CARRYING A GRUDGE AGAINST MY PARENTS FOR YEARS. 106_____
107. I AM CERTAIN THAT I WILL NOT BE ABLE TO ASSUME RESPONSIBILITIES FOR MYSELF IN THE FUTURE. 107_____
108. WHEN I ENTER A NEW ROOM I HAVE A STRANGE AND FUNNY FEELING. 108_____
109. I FEEL THAT I HAVE NO TALENT WHATSOEVER. 109_____
-

1--DESCRIBES ME VERY WELL 3--DESCRIBES ME FAIRLY WELL 5--DOES NOT REALLY DESCRIBE ME
 2--DESCRIBES ME WELL 4--DOES NOT QUITE DESCRIBE ME 6--DOES NOT DESCRIBE ME AT ALL

-
110. I DO NOT REHEARSE HOW I MIGHT DEAL WITH A REAL COMING EVENT. 110 ____
111. WHEN I AM WITH PEOPLE I AM BOTHERED BY HEARING STRANGE NOISES. 111 ____
112. MOST OF THE TIME MY PARENTS ARE SATISFIED WITH ME. 112 ____
113. I DO NOT HAVE A PARTICULARLY DIFFICULT TIME IN MAKING FRIENDS. 113 ____
114. I DO NOT ENJOY SOLVING DIFFICULT PROBLEMS. 114 ____
115. SCHOOL AND STUDYING MEAN VERY LITTLE TO ME. 115 ____
116. EYE FOR AN EYE AND TOOTH FOR A TOOTH DOES NOT APPLY FOR OUR SOCIETY. 116 ____
117. SEXUAL EXPERIENCES GIVE ME PLEASURE. 117 ____
118. VERY OFTEN I FEEL THAT MY MOTHER IS NO GOOD. 118 ____
119. HAVING A GIRLFRIEND IS IMPORTANT TO ME. 119 ____
120. I WOULD NOT LIKE TO BE ASSOCIATED WITH THOSE KIDS WHO "HIT BELOW THE BELT." 120 ____
121. WORRYING A LITTLE ABOUT ONE'S FUTURE HELPS TO MAKE IT WORK OUT BETTER. 121 ____
122. I OFTEN THINK ABOUT SEX. 122 ____
123. USUALLY I CONTROL MYSELF. 123 ____
124. I ENJOY MOST PARTIES I GO TO. 124 ____
125. DEALING WITH NEW INTELLECTUAL SUBJECTS IS A CHALLENGE FOR ME. 125 ____
126. I DO NOT HAVE MANY FEARS WHICH I CANNOT UNDERSTAND. 126 ____
127. NO ONE CAN HARM ME JUST BY NOT LIKING ME. 127 ____
128. I AM FEARFUL OF GROWING UP. 128 ____
129. I REPEAT THINGS CONTINUOUSLY TO BE SURE THAT I AM RIGHT. 129 ____
130. I FREQUENTLY FEEL SAD. 130 ____
-

FOR COMPUTER USE ONLY

66-69 ____ 70 _ 71-72 __ 73 ² 75-80 -----

APPENDIX C

LETTERS WITH REGARD TO RESEARCH STUDY

PROTECTION OF HUMAN SUBJECTS



The Commonwealth of Massachusetts
University of Massachusetts
Amherst campus

SCHOOL OF EDUCATION

August 8, 1981

Mr. Kermitt D. Weddell
 Superintendent

Dear Mr. Weddell:

I am a doctoral candidate in the School of Education at the University of Massachusetts, as well as a resident of DeKalb County. I am conducting research with a focus on young adolescents and substance (drugs, alcohol, tobacco) use. My research is particularly interested in students attending a small town, mid-American high school.

The purpose of this letter is two-fold: (1) to provide you with information concerning the study, and (2) to request an opportunity to meet you to discuss the possibility of conducting the study at High School.

High School would be an excellent setting in which to conduct this research for the following reasons: it is a typical small town high school; it is geographically close to the large metropolitan area of Fort Wayne where substances are readily available; and it is geographically close to the Ohio border where young people can obtain beer very easily.

Please notice the enclosed document for further information concerning the study. I will call you during the week of August 24 regarding the possibility of meeting with you to discuss this proposed research project.

Sincerely yours,

Jacqueline J. Carl
 Jacqueline J. Carl
 Enc: 1

Telephone 357-4114

Superintendent:
Kermit D. Weddell

Principal:
Gaylord M. Toll

August 19, 1981

Assistant Principal:
Jack D. Gibson

Athletic Director:
John C. Hutton

Ms. Jacqueline J. Carl
339 Iwo Street
Auburn, Indiana 46706

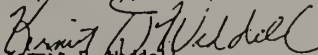
Dear Ms. Carl:

This letter is to acknowledge receipt of your request to conduct a research project at Garrett High School.

I have reviewed the document which you sent and I have referred your request to Mr. Gaylord Toll, Garrett High School principal, for his consideration and that of his staff.

Your project has my support but final approval will impinge on Mr. Toll and his teachers. I suggest you make an appointment with him to discuss your study.

Respectfully,


Kermit D. Weddell

Superintendent of Schools

KDW:jw
cc: Gaylord Toll

Telephone 357-4114

Superintendent:
Kermit D. Weddell
Principal:
Gaylord N. Toll

September 7, 1981

Assistant Principal:
Jack D. Gibson
Athletic Director:
John C. Hutton

To: Members of the Health Department
Re: Research Project: Youth and Substance Use

Mr. Weddell and I have been asked to support a research project to be conducted by Jacqueline Carl from the University of Massachusetts.

In brief, the project will study the impact of a six weeks psycho-social curriculum on self-esteem and substance prevention. We have discussed the project with Jackie and believe it will have a positive impact on the way in which we work with our students in drug education.

Jackie will be in touch with you soon to see if you are willing and interested in participating with her in the project. Your participation in this project is completely voluntary.

Miss Lewis of the guidance department will be acting as liaison person between Jackie and the Garrett staff. After meeting with Jackie, should you desire to participate in the project, please inform Lou.

Sincerely,

Gaylord N. Toll

GNT:bg
cc: Superintendent
Director of Guidance



The Commonwealth of Massachusetts
University of Massachusetts
Amherst 01003

SCHOOL OF EDUCATION

September 10, 1981

To: Members of the
 Department

High School Health & Physical Education

Dear Teachers:

The purpose of this letter is to ask for your participation in a research project in applied behavioral science. I am working on a doctorate in the School of Education at the University of Massachusetts. This research project is the final task in my doctoral program and will be consummated in my dissertation.

I have been an educator for twenty-five years, having served as a guidance counselor on the staff of East Noble High School, Kendallville, for the last twenty years. My teaching experience prior to counseling was in English and physical education. I plan to re-enter the educational field, probably at the college level, after I have completed my degree program.

A brief description of my research project and an outline of what your participation would involve is noted below.

The purpose of the study is to assess the effects that a psychosocial curriculum consisting of experiential learning activities has on the self-esteem and substance prevention of high school freshmen.

Your participation would involve the following: (1) providing a classroom setting in which the research can be conducted; (2) co-teach a six weeks, 30 lesson unit prepared by the researcher. All curriculum materials will be provided by the researcher, as well as all the testing will be done by the researcher.

I realize that you teachers have many responsibilities during the school year; I also realize the service that your volunteering would be making on behalf of my research. I hope the results of this work will be both interesting and helpful to those who participate. After the project has been completed, I will be happy to offer you an abstract of the results. Thank you for your consideration. I will contact you by September 18 to answer any questions and to receive your decision as to whether or not you choose to participate.

Sincerely yours,

Jacqueline Carl

Telephone 357-4114

Superintendent:
Kermit D. Weddell

Principal:
Gaylord N. Toll

Assistant Principal:
Jack D. Gibson

Athletic Director:
John C. Hutton

Dear Parents:

High School has accepted an invitation to participate in a scientific study which will be conducted by Jacqueline Carl, a doctoral candidate from the University of Massachusetts. Miss Carl, a dedicated and veteran educator recently retired from East Noble High School, Kendallville, after serving 20 years as a high school counselor.

The study which will be conducted in health classes will emphasize communication skills, decision making skills, ways to cope with problems, a healthy self-image and information about drugs and alcohol.

A minimal amount of testing will be administered as comparisons regarding attitudes, knowledge, coping skills and self-image will be made between groups of students in the study and a group not involved in the study. All testing will be done anonymously as students will not be identified by name. All data collection and analysis will be processed by computer and by Miss Carl.

Your son/daughter is a member of one of the classes selected to participate in the above mentioned study. If you have any questions, or if for some reason you do not want your son/daughter to participate in this study, please call the school guidance office (357-3114) and request an appointment with either Miss Carl or Miss Lenore Lewis, Director of Guidance.

Your cooperation in this important project is very much appreciated.

Sincerely yours,

Gaylord N. Toll

Gaylord N. Toll
Principal

M. Lenore Lewis

M. Lenore Lewis
Director of Guidance



SCHOOL OF EDUCATION
HUMAN SERVICES AND APPLIED
BEHAVIORAL SCIENCES DIVISION
HILLS SOUTH

The Commonwealth of Massachusetts
University of Massachusetts
Amherst 01003

Dear Parents of High School Freshmen:

Recently you received a letter from Mr. Toll and Miss Lewis introducing you to Jacqueline Carl, a graduate student from the University of Massachusetts, and informing you of a research project to be conducted at High School.

This letter is now sent to further explain the project and to seek your permission for your son or daughter to participate. Your son or daughter is invited to actively become involved in a project that will offer them the opportunity to participate in a personal development learning experience. During the time period in which they will be involved in the project, they will receive training (lessons) in the following: (1) decision making skills: learning how to make better and more satisfying decisions; (2) communication skills: learning how to more effectively communicate with family, teachers, friends, using non-blameful techniques, learning effective listening skills; (3) positive self-image building: learning to identify and respect one's abilities and the potential inherent in each individual; (4) goal setting: learning how to set attainable goals which enhance the productivity and potential for success; (5) instruction in the harmful effects of drugs, alcohol and tobacco.

Examples of teaching methods to be employed during the time of the project include: large and small group discussion activities, appropriate media (film and video) presentations, skill practicing sessions, self assessment activities in which students will identify their strengths and weaknesses, large group instruction.

The purpose of these lessons is to help young adolescents realize that they are important, worthwhile individuals; coupled with that knowledge and better decision making and communication skills, they hopefully will be able to make wiser decisions about substance (drug, alcohol, tobacco) use.

To assess the effectiveness of the lessons, a self-image questionnaire and a drug knowledge, attitude, opinion and experience questionnaire will be given before and after the series of lessons. A copy of these questionnaires will be available in the principal's office should you desire to see them. All testing will be administered by myself; absolute care will be given to protect the confidentiality and anonymity of students; no administrator, faculty or staff personnel at High School will have access to these questionnaires once they are filled out.

I believe your son or daughter will enjoy and positively benefit from the series of lessons. Hopefully the sessions will provide each student an opportunity to increase their respect for their own abilities and capabilities, and in addition, learn some important relationship skills.

It does need to be mentioned that your son or daughter may find it difficult to relate in small group discussion periods when they will be asked to share their thoughts and feelings on particular topics. Also some may find it rather hard to realistically identify their strengths and weaknesses as a person. Others may find some parts of the questionnaires difficult to answer.

You are assured that this project will be conducted in a caring, positive, professional, atmosphere respectful of the rights and welfare of each participant. If at anytime during the course of the project you feel it necessary to terminate your son or daughter's participation, you may do so without any hard feelings or prejudiced shown against your child.

If you have any questions whatsoever regarding the project, I will be most happy to meet with you personally to further explain the content and procedure of the project. Simply contact LeMore Lewis at the high school if you wish to speak with me, or call me at home.

Please read and respond to the parent permission form found below. Clip and return it to the office of the principal as soon as possible. A stamped, addressed envelope is enclosed for your convenience.

If you wish to contact me during the course of the project, my home address and phone number is: 339 Iwo Street, Auburn, Indiana 46706; 219-925-0076. After completion of the project, my address and phone number will be: 236 River Drive, Hadley, MA 01035; 413-586-0974.

Thank you for your cooperation, I feel this project is an experience that your son or daughter will appreciate and long remember.

Yours sincerely,

Jacqueline Carl
Enc: 1

-----detach here-----

PARENT PERMISSION FORM

I/we have read the letter from Jacqueline Carl explaining her project and I/we hereby give my/our permission for my/our son or daughter, _____

_____ to participate in the research study being conducted by Jacqueline Carl, a graduate student at the University of Massachusetts. I/we further understand that my son or daughter is free to discontinue participation in the project at anytime and that he/she will not receive prejudicial treatment for so doing.

Signed: _____
(signature of parent/guardian)

Date: _____

